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LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.



FORTY-NINTH

ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE

YEAR ENDED 31st DECEMBER, 1957.

PRESTON :

PRINTED BY T. SNAPE & CO., LTD., BOLTON'S COURT.
1958.



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(Part-time).

Mrs. C. J. Capes.

Mrs. K. M. Stratford.

Mrs. C. D. Woodcock. (Appointed 16/1/57.)

Orthoptists.

(Whole-time).

Miss P. T. Dalby

(Part-time).

Miss J. Allanson.

Miss E. Gordon.

Miss P. Pointon. (Resigned 31/10/57.)

Miss D. Shaw. (Appointed 28/1/57.)

Miss S. Sutcliffe.

Itinerant Teachers of the Deaf.

J. J. Finigan.

Miss H. G. Johnson, B.A.

E. R. Wall

Educational Psychologists.

Mrs. M. Eysymont, M.A. (Resigned 31/12/57.)
 P. C. Love, M.A., ED.B., A.B.P.S.S. (Resigned 15/6/57.)
 J. E. Merritt, B.A. (Appointed 22/7/57.)
 T. Simm, B.SC.

Psychiatric Social Workers.

<i>(Whole-time).</i>	<i>(Part-time).</i>
Mrs. W. H. Cottrill, B.A. (Admin.)	Mrs. O. L. Keidan. (Appointed 19/3/57.)
Miss M. Pugh.	
C. L. Sanctuary.	

Physiotherapists.

<i>(Whole-time).</i>	<i>(Part-time).</i>
Miss S. Brown.	Mrs. M. Horrocks.
Miss D. R. Duncan	Mrs. H. Jordan.
Mrs. M. Garrett.	Miss E. G. Lee.
Miss B. Huxtable.	Mrs. D. I. Lyons. (Resigned 2/7/57.)
Miss M. Johnson.	Mrs. P. Rothwell.
Miss E. M. Smith.	Mrs. E. Wade.

Chiropodists.

(Part-time).

Mrs. M. Barnes.
 N. J. Bell.
 J. C. Dagnall.
 J. W. Davidson.
 Mrs. E. Hargraves.
 P. S. Hargreaves.
 E. I. Hunt.
 Miss F. Kahn (Appointed 5/2/57.)
 Mrs. C. V. Newton (Resigned 31/12/57.)
 R. J. Smith.
 Mrs. C. Walsh.

School Nurses and Health Visitors.

Miss E. Alldred. (Appointed 11/6/57.)
 Mrs. C. M. Allen.
 Miss M. Alletson.
 Miss M. Alston. (Appointed 3/9/57.)
 Miss J. Andrew.
 Miss G. H. E. Archer.
 Miss K. Armstrong.
 Mrs. A. Ashley.
 Miss M. L. Ashley.
 Miss D. M. Ashton. (Appointed 8/5/57.)
 Mrs. M. Ashton. (Retired 5/11/57.)
 Mrs. M. M. Ashworth.
 Miss I. Asquith.
 Miss E. Atkinson. (Appointed 1/7/57.)
 Miss M. Bain. (Resigned 11/9/57.)
 Mrs. A. Bamber.
 Miss M. Barker.
 Miss O. Barrett.
 Miss E. W. Bates.
 Miss H. Bateson. (Retired 13/4/57.)
 Mrs. A. Beaumont.
 Miss N. Bennett.
 Miss E. Bibby.
 Miss H. M. E. Black.
 Miss M. M. Blackburn.
 Mrs. E. Bodley.
 Mrs. J. M. Botes.
 Mrs. A. Boyes. (Appointed 1/3/57.)
 Mrs. B. Bradshaw. (Appointed 8/7/57.)
 Mrs. M. Brady. (Appointed 29/7/57.)
 Miss L. Brandwood.
 Mrs. E. Brennan. (Appointed 29/7/57.)
 Miss B. Briggs.
 Mrs. A. Brooks.
 Miss A. M. Brunt.
 Mrs. E. Burrows.
 Miss M. Bush.
 Miss M. Butler.
 Miss M. M. Byrne.
 Mrs. E. E. Carnall.
 Miss W. Chamberlain.
 Miss V. S. Chamberlin.
 Mrs. D. Chapman.
 Miss F. Charles.

Mrs. E. W. Christian.
 Miss D. A. Clarke. (Resigned 30/4/57.)
 Miss M. Cleary.
 Miss A. Close.
 Miss A. A. Collinge. (Appointed 12/6/57.)
 *Mrs. M. T. Collins. (Appointed 9/9/57.)
 Miss M. Conroy.
 Mrs. E. Cooke. (Appointed 1/6/57.)
 Miss J. Cottier.
 *Mrs. D. Creighton. (Appointed 16/9/57.)
 Mrs. E. A. K. Crippen.
 Miss D. C. Crook.
 Miss J. M. Crossfield.
 Mrs. N. Cunliffe.
 Miss A. Davies.
 Miss G. Davies.
 Miss P. A. Davis.
 Miss E. Dearden. (Appointed 1/2/57.)
 Miss K. Devlin.
 Miss J. Dickinson.
 Miss L. R. Dinsdale. (Appointed 29/7/57.)
 Miss E. Ditchfield.
 Miss D. Dodding.
 Miss I. H. Downes.
 Miss T. Dunscombe.
 Miss J. Durose.
 Miss N. B. Dyson.
 Mrs. M. Easterbrook.
 Miss P. G. Eden.
 Miss J. G. Edis.
 Miss C. M. Edwards.
 Mrs. E. J. Edwards. (Appointed 2/9/57.)
 Mrs. I. W. Edwards. (Appointed 16/1/57.)
 Mrs. M. Eneveldsen. (Resigned 16/6/57.)
 Miss M. English.
 Mrs. C. M. Farrell. (Appointed 24/7/57.)
 Miss E. B. Ferguson.
 Mrs. I. Ferguson. (Resigned 31/3/57.)
 Miss A. W. M. Fido.
 Miss M. A. Fisher.
 Miss M. O. Foden.
 Miss F. G. Fothergill.
 Miss C. E. Fox.
 Miss M. E. Gardner.

- Mrs. E. Garvey.
 Miss J. Gibbs. (Appointed 8/8/57.)
 Miss L. W. Gilbert.
 Miss M. Gill.
 Miss F. M. J. Gillen.
 Miss T. Gorton.
 Miss D. E. Govan. (Appointed 21/10/57.)
 Miss M. Gowan.
 Miss I. Graham.
 Mrs. M. L. Grant-Townsend.
 Miss G. E. Gray
 Mrs. B. C. Green.
 Miss E. J. Green.
 Miss M. Green.
 Miss C. Greenhalgh.
 Miss H. J. Grieve.
 Mrs. E. I. Griffiths.
 Miss D. Guest.
 Miss E. Gulley.
 Miss E. Hall
 Miss M. B. Hall.
 Mrs. M. Hampson. (Resigned 30/6/57.)
 Mrs. M. Hanslip.
 Miss E. M. Hanson.
 Miss H. Hargreaves.
 Miss S. M. Hart.
 Miss J. E. Hawkins.
 Miss I. Haworth.
 Miss I. Heap.
 Miss F. L. Hellam. (Appointed 12/6/57.)
 Miss W. Henry
 *Mrs. M. Hewitt. (Appointed 1/5/57.
 Resigned 30/11/57.)
 Miss D. M. Hexter.
 Miss D. Higham.
 Mrs. M. Hogg. (Retired 28/2/57.)
 Miss R. Holden. (Resigned 30/4/57.)
 Mrs. E. M. Hollinrake. (Resigned 18/6/57.)
 Miss S. E. Holt.
 Miss M. Hopkins.
 Mrs. M. Horobin.
 Miss H. Horsfield.
 Miss N. M. Houghton.
 Miss A. C. Howard.
 Mrs. J. Howard. (Appointed 29/7/57.)
 Mrs. L. Howarth.
 Miss E. Humphreys.
 Miss L. Humphreys.
 Mrs. B. Hunter.
 Miss A. Jackson. (Appointed 1/1/57.)
 Mrs. I. E. James.
 Miss M. James.
 Mrs. I. Jeffrey.
 Miss G. E. M. Jeffries.
 Miss M. H. Jenkinson.
 Miss E. Johnson.
 Miss K. M. Johnstone.
 Mrs. E. J. Jones.
 Miss H. M. Jones.
 Mrs. W. Jones.
 Mrs. H. Kay.
 Mrs. E. K. Kenyon.
 Miss J. Kenyon.
 Miss M. Kenyon.
 Mrs. F. Kerr.
 Mrs. P. Kilgallen.
 Miss G. M. Kirkham.
 Miss B. W. Knibbs. (Resigned 31/12/57.)
 Miss G. K. Lamb.
 Miss M. Lamb.
 Miss M. W. Lawson.
 Miss F. Lawton.
 Mrs. E. Lee.
 Mrs. J. Lees.
 Mrs. D. Lever.
 Miss B. E. Littler.
 Mrs. B. Livesey.
 Miss G. M. Lloyd.
 Mrs. E. Lomax.
 Mrs. P. Lomax.
 Miss M. Luckett. (Retired 18/3/57.)
 Miss E. Lumber.
 Mrs. C. Lynch.
 Miss C. M. M'Cardell.
 Miss E. E. McKeown. (Resigned 30/4/57.)
 Miss M. McCormick.
 Miss E. McLennand.
 Miss D. E. McMullen. (Appointed 2/1/57.)
 Miss A. M. Makin.
 Mrs. D. Maltman.

Miss E. L. Marsland.
 Miss J. C. Mawdsley. (Appointed 1/1/57.
 Resigned 30/6/57.)
 Miss M. A. May.
 Miss A. Melia.
 Miss E. Middlehurst.
 Miss E. Milligan.
 Miss L. Milner.
 Miss E. Mitchell.
 Miss M. A. Moore.
 Mrs. B. B. Morley. (Resigned 31/1/57.)
 Miss M. Morris.
 Miss M. B. Murray.
 Miss M. Openshaw.
 Miss E. W. Ormerod.
 Mrs. M. Owen.
 Miss M. E. Owens.
 Mrs. D. A. Page. (Appointed 2/1/57.)
 Mrs. J. Parker. (Appointed 7/10/57.)
 Miss M. Parkinson.
 *Mrs. W. M. Partington. (Resigned 29/11/57.)
 Miss J. E. H. Paterson.
 Miss M. E. Pearse.
 Miss A. Perkins.
 Mrs. S. E. R. Pickering. (Resigned 19/2/57.)
 Miss E. Pickup.
 Miss D. Platt.
 Miss N. Poole.
 Miss E. Pope.
 Mrs. I. Prescott.
 Miss P. Preston.
 Miss I. Price. (Appointed 1/3/57.)
 Miss D. H. Procter.
 Mrs. E. Prosser.
 Miss R. Pyatt.
 Miss L. Raine.
 Miss K. M. Reddish
 Miss E. D. Redman.
 Mrs. P. Redmond.
 Miss R. A. Reilly. (Appointed 14/1/57.)
 Miss D. E. Rhodes.
 Miss E. H. Rigby.
 Miss V. Riley.
 Miss M. V. Rimmer. (Deceased 5/10/57.)
 Miss B. Riordan.

Mrs. G. J. Robinson.
 Mrs. L. Robinson.
 Miss C. R. Ryan.
 Miss M. H. Ryden.
 Miss J. Sanderson.
 Miss I. Sandford. (Resigned 25/4/57.)
 Miss E. L. Sayer.
 Miss F. Sharples.
 Mrs. A. Shaw.
 Mrs. H. Shaw.
 Miss J. Sheldon.
 Mrs. M. C. Shelley. (Resigned 5/11/57.)
 Mrs. A. Shiner.
 Miss I. Silcock.
 Miss M. Simmons.
 Mrs. T. M. Simmons.
 Miss E. Singleton.
 Mrs. J. W. Singleton. (Resigned 31/10/57.)
 Miss E. L. Smeltzer.
 Miss A. Smith.
 Mrs. A. Smith.
 Mrs. D. Smith.
 Mrs. H. I. E. Smith.
 Miss L. Smith.
 Miss A. R. Snape.
 Mrs. M. J. Sorby. (Appointed 22/7/57.)
 Miss M. Spenceley.
 Miss E. J. Stanley
 Miss E. P. Stanley.
 Mrs. G. M. Stead.
 Mrs. I. Steggles.
 Miss H. M. Swain.
 Mrs. A. L. Taylor.
 Mrs. A. Thomas.
 Miss D. T. Thompson.
 Miss E. J. Thompson.
 Mrs. M. Thompson.
 Miss N. Thornton.
 Mrs. E. M. Tilburn.
 Miss J. Tomkinson.
 Miss F. M. Tonge. (Appointed 16/10/57.)
 Mrs. N. M. Torres.
 Miss K. I. Truman.
 Miss W. A. Turton. (Retired 30/9/57.)
 Miss W. Tyson.

Miss G. Waddicor.
 Mrs. M. I. Walmesley.
 Miss W. Walsh.
 Miss A. Walton.
 Mrs. D. G. M. Wardle.
 Mrs. A. Webb.
 Miss J. Webster.
 Miss J. M. Webster.
 Mrs. G. Weir.
 Mrs. W. West.
 Miss A. M. Whitaker.
 Miss B. Whitaker. (Resigned 14/9/57.)
 *Miss A. Whitehead.
 Mrs. M. Wignall.

Miss M. A. Wilcock. (Appointed 1/9/57.)
 Miss M. Wild.
 Miss M. Wilkinson.
 Miss N. Wilkinson.
 Miss E. C. Williams.
 Miss G. Williams.
 Mrs. K. Williams.
 Mrs. J. Wilson.
 Miss M. Wilson.
 Miss L. M. Winder.
 Miss M. Winslow.
 Miss A. Yates.
 Mrs. O. Yates. (Appointed 18/7/57.)

* Part-time.

School Nurses.

Mrs. L. Agers.
 Mrs. F. C. Ames.
 Mrs. C. O. Archer.
 Mrs. V. S. Arnold. (Resigned 23/9/57.)
 Mrs. J. Briggs.
 Miss I. J. Brown.
 Miss C. K. Campbell. (Appointed 9/9/57.)
 Mrs. L. Cooper.
 Mrs. N. Cope.
 Mrs. M. Crosby.
 Mrs. D. H. Dale. (Appointed 15/7/57.)
 Mrs. B. Dodsworth. (Appointed 2/9/57.)
 Mrs. H. Eaves.

Miss J. Fearnough.
 Mrs. E. Hembrough. (Appointed 24/4/57.)
 Mrs. M. Hewson. (Appointed 2/12/57.)
 Mrs. E. Iddon.
 Mrs. C. Mason. (Resigned 23/9/57.)
 Mrs. N. Milnes. (Resigned 31/1/57.)
 Mrs. A. E. McKay.
 Mrs. M. C. Simmons. (Appointed 3/6/57.)
 Miss A. Ward.
 Miss E. A. White.
 Miss A. Willman.
 Miss D. Worthen.

Bleasdale House Residential Special School for Physically Handicapped Boys (Junior), Silverdale.

MATRON : Miss G. I. Davidson.
 HEAD TEACHER : Miss H. Brown.

Broughton Tower Residential Special School for Delicate Pupils, Broughton-in-Furness.

MATRON : Miss G. Ethall.
 HEAD TEACHER : Mr. E. G. Sharples.

Keppleway Residential Special School for Physically Handicapped Girls, Broughton-in-Furness.

MATRON : Miss N. E. Dent.
 HEAD TEACHER : Miss G. Abraham.

Sedgwick House Residential Special School for Epileptic Pupils, Sedgwick.

MATRON : Miss J. Sharp.

HEAD TEACHER : Mr. D. W. Norton.

Singleton Hall Residential Special School for Physically Handicapped Boys (Senior), Singleton.

MATRON : Miss L. E. Cooper.

HEAD TEACHER : Mr. J. H. Fortescue.

Brynbella Hostel for Maladjusted Boys, Rawtenstall.

WARDEN : Mr. B. E. P. Peters.



LANCASHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

SCHOOL HEALTH SUB-COMMITTEE.

FORTY-NINTH ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER,

For the Year ended 31st December, 1957.

To the Chairman and Members of the Lancashire Education Committee.

LADIES AND GENTLEMEN,

I beg to submit the annual report on the School Health Service for the year 1957.

The report contains details of the various branches of the service, including the work that is being done for handicapped pupils.

The total number of periodic medical inspections was 79,782, a figure which has remained remarkably constant for the past four years. This is very satisfactory in view of the many unexpected duties our medical officers are called upon to undertake from time to time. These inspections have shown that the general standard of health of school children in Lancashire has been well maintained.

The steady expansion, noted in previous reports, of the different aspects of the service has continued. While the School Health Sub-Committee have, in these last few years, been particularly concerned to make adequate provision for children who are handicapped, the needs of the more

fortunate children, that is the vast majority, have not been forgotten. In regard to premises, new clinics of different types have been set up either to replace unsatisfactory buildings, or to provide a clinic where there has not been one previously. These places have an important function in the service and a point of particular interest is that in the year 1957 attendances at the minor ailment clinics showed a slight increase, instead of a fall which had been noted, year by year, since the National Health Service Act came into operation in 1948. The clinics also provide excellent opportunities for health education activities and however much may have been done in the past, it is certain that these facilities will be needed more and more for this work in the future. In planning the clinics this side of health work has been kept well in mind.

The more specialised branches of the service have also continued to grow. More children, for example, are receiving treatment from the chiropodist as new sessions are held. It is found too, that there is a steady demand for more orthoptic clinics as parents are increasingly anxious to bring forward their children for treatment at a convenient centre. It is most encouraging that in all these different forms of treatment parents are appreciating more and more the wisdom of seeking treatment at an early stage. There is no doubt that the steady educational work of our own personnel is one important factor in spreading this enlightened attitude.

The comprehensive services now available for handicapped children are developing in many directions. More speech therapy sessions are being held so that, in all, over 1,900 children with speech defects attended for treatment. The appointment of the three assistants to the itinerant teachers of the deaf, as was expected, has permitted them to organise a much more complete service for children who are partially deaf.

The five residential schools for which the School Health Sub-Committee is responsible have had another successful year and their place in the community becomes even more clear. It would indeed be difficult to imagine what we should do without them for even if places could be found elsewhere for some of these children, it would very often mean that they would be at school in another part of the country. All five schools will shortly have an entirely separate building for the classrooms. In three they are already in use and in the other two they are in process of erection or conversion. Children are quick to appreciate the idea that they go somewhere to school rather than remain in the same building and the same rooms which they use for other purposes. The schools are full and while care has been taken that they should not be overcrowded, no more could be accommodated reasonably.

Special mention should be made of the progress at Sedgwick House, the Committee's school for epileptic children. This is now constantly full with about 50 children and a notable feature of the report is that during the year, eight were discharged to ordinary schools, with their fits adequately controlled. This is a real achievement for it is not long since it was quite common to find epileptic children in special schools for the whole of their school life. It is imperative that they should return to take their place in an ordinary school as soon as possible and the evidence that they are doing so is but part of the belated recognition of the fact that the epileptic, young or old, has for far too long been allowed to remain isolated and forgotten. A change in the attitude of the community is long overdue.

One event during the year was of special interest. This was the celebration of the 10th anniversary of the opening of Broughton Tower, the first of our residential special schools since the Education Act, 1944. Some members of the Committee will remember how keen was their desire 20 years ago to provide a residential school of this kind for delicate children. The gift of Broughton Tower by Sir Robert Rankin presented the opportunity and the school was opened in 1947. Since then, 672 children have been there for periods upwards of six months and the permanent benefit they have received thereby, not only to their physical health, is incalculable.

Though we are concerned in Lancashire with very large numbers of children, even in the handicapped categories, it is the care of the individual child that matters. It is good to report that those who look after these children in our special schools have this constantly before them and the Committee can rest assured that the love and care which are lavished on the children is of the highest order.

I desire once again to express to the members of the County Council the thanks of the Department for their interest in this work. My thanks are due especially to the Education Committee for their continued support and encouragement.

I am, Ladies and Gentlemen,

Your obedient Servant,

S. C. GAWNE.

*County Medical Officer of Health,
and Principal School Medical Officer.*

School Health Department,
East Cliff County Offices,
June, 1958.

(Telephone : Preston 4868).

MEDICAL INSPECTION.

The table below shows the number of maintained schools in the County area on the 31st December, 1957, and the number of children on the roll :—

Type of School.						No. of Schools.		No. on Roll.	
Nursery	...	...	...	...	...	42	...	1,731	
Primary	...	...	...	...	...	1,005	...	220,923	
Secondary (Modern)	...	...	...	...	...	165	...	70,789	
(Grammar)	...	...	...	...	...	49	...	25,791	
(Technical)	...	...	...	...	...	13	...	2,527	
(Comprehensive)	...	...	...	...	...	1	...	950	
Special (Day)	...	...	...	...	...	11	...	829	
(Residential)	...	...	...	...	...	8	...	377	
Total						1,294	...	323,917	

In addition, periodic medical inspection has been extended to 10 non-maintained schools, the number of pupils on roll being 4,798.

Inspection is carried out almost always in the schools and is of three kinds.

1.—Periodic.

The Education Act lays down that a local education authority must make provision for the medical inspection of all pupils attending any school or County college maintained by the authority. These inspections are made on not less than three occasions at appropriate intervals during the period of school life, or they may be made at other times thought to be desirable. At present, in the County area periodic examinations take place on the first entry of an infant into a maintained school, at the age of 10, and during the last year at school.

The parents of all day pupils are given the opportunity of being present at the medical inspections and it will be seen from the table below that 31,383 parents were present at the inspections of 79,782 children. The presence of the parent greatly enhances the value of the medical inspection and every encouragement is given to the parents to consult the school medical officers not only at the periodic medical inspections but also at the school clinics. There is wide appreciation by school medical officers of the value of the interest and co-operation shown by parents at these interviews.

2.—Special.

These inspections concern children not due for periodic inspections but who are specially presented for examination by parents, teachers or school nurses when some defect is suspected.

3.—Re-inspection.

This is for children who, at a previous inspection during the year, had some defect requiring treatment or observation.

The following table shows the number of inspections made during 1957 :—

Number of Schools in which Periodic Medical Inspection was completed								996
Number of Pupils examined :—								
“ Entrants ”								29,379
“ Second Age Group ”								28,901
“ Leavers ”								19,578
Total... ..								77,858
Additional Periodic Inspections								1,924
Grand Total								79,782
Number of Special Inspections								39,545
Number of Re-inspections								35,759
Number of Parents present at Periodic Inspections								31,383
Number of Parents present at Special Inspections								18,487

PERIODIC MEDICAL INSPECTION.

Year.	No. of Schools in which inspection was completed				No. of Pupils inspected.
1957	996	...	79,782
1956	1,019	...	80,769
1955	1,004	...	80,340
1954	932	...	79,798
1953	865	...	75,761
1952	862	...	71,328
1951	846	...	65,734
1950	873	...	64,577
1949	932	...	72,920
1948	807	...	62,585

The total number of children found at periodic medical inspections to require treatment, excluding dental diseases and infestation with vermin, is shown in Table 1 (C).^{*} Table 3* gives a detailed analysis of the defects found at periodic and special inspections.

Physical Condition.

Table 1 (D)* shows the classification of the physical condition of pupils inspected in the periodic age groups under two categories—“ Satisfactory (97.47 per cent.) ” and “ Unsatisfactory (2.53 per cent.). ”

Uncleanliness.

One of the most important duties of the school nurses is their work in dealing with uncleanliness. The value of this work lies not only in bringing to light conditions of uncleanliness in children seen by them during their frequent inspections at the schools but also in the opportunity it gives them for personal contact with the parents. Long experience has shown that the educational work of the nurses among parents has been the most potent factor in reducing the incidence of uncleanliness.

^{*} For these tables please refer to Appendix.

That there is still much work to be done in this field is shown by the fact that 4·8 per cent. of children on the school roll were found to be verminous in 1957. This state of affairs is far from satisfactory, and the work which the nurses have to do in dealing with the minority of families who are persistently verminous is time consuming and often discouraging. There can be no doubt that in most cases the school children are re-infested from other members of the family especially the mother or older sisters and unless the health visitor can gain the co-operation of all the members of the family the children can hardly be expected to remain free from pediculosis.

In spite of the efficacy of modern methods of treatment, the decrease in infestation is still slow and shows how necessary it is to persist in educational methods if there is to be a substantial reduction in the extent of uncleanness among children.

Comparative figures for the years since 1945 are shown below :—

						Percentage of Children verminous on School Roll.
1957 ...	...	...	...	...	...	4·8
1956 ...	...	...	...	...	...	4·3
1955 ...	...	...	...	...	...	4·6
1954 ...	...	...	...	...	...	5·0
1953 ...	...	...	...	...	...	4·8
1952 ...	...	...	...	...	...	5·8
1951 ...	...	...	...	...	...	6·3
1950 ...	...	...	...	...	...	6·7
1949 ...	...	...	...	...	...	7·0
1948 ...	...	...	...	...	...	6·6
1947 ...	...	...	...	...	...	7·5
1946 ...	...	...	...	...	...	8·7
1945 ...	...	...	...	...	...	10·2

PERCENTAGE OF CHILDREN VERMINOUS ON SCHOOL ROLL IN EDUCATION EXECUTIVE AREAS.

Education Executive Area.	1957.	1956.	1955.	1954.	Education Executive Area.	1957.	1956.	1955.	1954.
	%	%	%	%		%	%	%	%
1	2·82	1·86	0·72	1·32	8	5·60	5·49	6·30	4·89
2	1·62	2·36	2·82	3·10	9	4·71	6·58	5·44	5·63
3	3·43	1·92	2·41	3·61	10	2·44	1·65	2·20	3·08
4	1·42	1·46	0·60	1·32	11	1·58	2·00	2·70	2·27
5	5·20	3·02	2·44	3·62	12	4·58	4·61	4·66	5·97
6	2·74	2·56	2·56	2·54	13	7·11	7·86	6·73	6·94
7	3·46	2·27	2·68	3·11	14	7·04	9·29	9·18	7·63

Education Executive Area.	1957.	1956.	1955.	1954.	Education Executive Area.	1957.	1956.	1955.	1954.
	%	%	%	%		%	%	%	%
15	3.93	3.90	5.29	2.95	21	0.89	0.95	0.43	0.65
16	10.73	8.11	9.61	13.69	22	5.10	3.81	3.97	3.91
17	3.03	3.86	5.33	4.51	23	3.46	5.45	5.94	6.57
18	5.36	4.88	5.82	4.21	24	4.23	5.53	5.35	5.15
19	2.45	2.02	1.90	2.87	Stretford Excepted Dist.	2.34	1.86	3.62	3.60
20	9.26	5.98	4.29	5.47	Widnes Excepted Dist.	9.49	6.52	9.12	12.19

This table shows that there was considerable variation, noted in previous years, in different parts of the County area. In the first place, there is the variation in the standards employed. This it seems is inevitable in any large body of school nurses. Some for example, are inclined to disregard for record purposes the child from a good home and who is obviously well cared for, but who happens to have a few nits on one occasion. Other nurses, it is found, have difficulty in recording a child as infested if only one or two nits are present. There is also the point that the longer the time spent in examining each individual head, the greater the number likely to be found infested. Every effort is made to encourage the adoption of the same standards throughout the County, but in practice, as is often observed, it is very difficult to eliminate the personal factor.

There can be no doubt, however, that there is an actual difference in the infestation rate in different areas. The rate in rural areas is lower and it is quite clear from the figures given in the table that on the whole the highest rates are in the most thickly populated areas, where there are the largest families. It is well known, of course, that in most areas there are a few families which are persistently verminous.

ARRANGEMENTS FOR MEDICAL TREATMENT.

School Clinic Premises.

During 1957, work was completed on the erection of new combined school clinic and child welfare centres in Lancaster, Litherland and Little Lever. The premises in Lancaster and Litherland are of traditional construction and have been built as part of the major building programme. In each case the new clinic replaces an old building which had been adapted for the purpose and which over the years had proved to be unsuitable and inadequate to meet the needs of expanding services. Part of the building in this design is of two stories and in addition to all the usual services, including provision for special clinics, there are two dental surgeries. In Little Lever, the new premises are of "Derwent" pre-fabricated timber construction and have been built within the minor works programme. Until this time there had been no comprehensive clinic service in this rather isolated township.

In August, 1957, it was necessary to vacate the clinic in Newton-le-Willows as alarming cracks developed in the fabric of the building and these were found to have resulted from coal mining subsidence. Fortunately it was possible to take over suitable vacant premises from the District Council



LEGEND

- | | | | | | |
|---|----------|---------|----|-----------|---------|
| 1 | WAITING | ROOM | 8 | STAFF | ROOM |
| 2 | PRAM | SHELTER | 9 | DOCTORS | ROOM |
| 3 | FOOD | STORE | 10 | TREATMENT | ROOM |
| 4 | FOOD | SALES | 11 | DENTAL | SURGERY |
| 5 | BOILER | HOUSE | 12 | DARK | ROOM |
| 6 | PATIENTS | LAVS | 13 | RECOVERY | ROOM |
| 7 | STAFF | LAV | 14 | CAR | PARK |

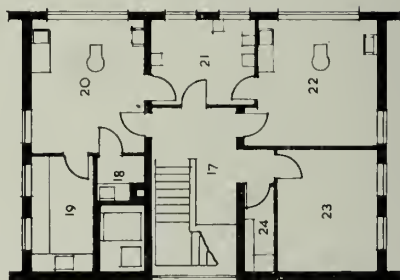
Scale: 1 inch=12 feet

Plan of the clinic built as a minor building project.

- LEGEND.
- | | |
|----|------------------|
| 1 | Pram shelter |
| 2 | Female toilet |
| 3 | Male toilet |
| 4 | Waiting hall. |
| 5 | Boiler house |
| 6 | Office. |
| 7 | Food sales |
| 8 | Store. |
| 9 | Staff lavatory |
| 10 | Special clinic. |
| 11 | Doctor's room |
| 12 | Undressing. |
| 13 | Cleansing |
| 14 | Health visitors. |
| 15 | Weighing room. |
| 16 | Treatment. |
| 17 | Landing. |
| 18 | Dark room |
| 19 | Workroom. |
| 20 | Dental (2) |
| 21 | Recovery |
| 22 | Dental (1) |
| 23 | Staff room. |
| 24 | Store |



GROUND FLOOR PLAN.



FIRST FLOOR PLAN.

Scale: 1 inch=20 feet

Plan of the clinic built as a major building project.



One of the new clinics built as a minor building project. In most areas these clinics, with variations are found to serve the purpose quite adequately.



A clinic in traditional construction—a major project.



Before Treatment.



After Treatment.

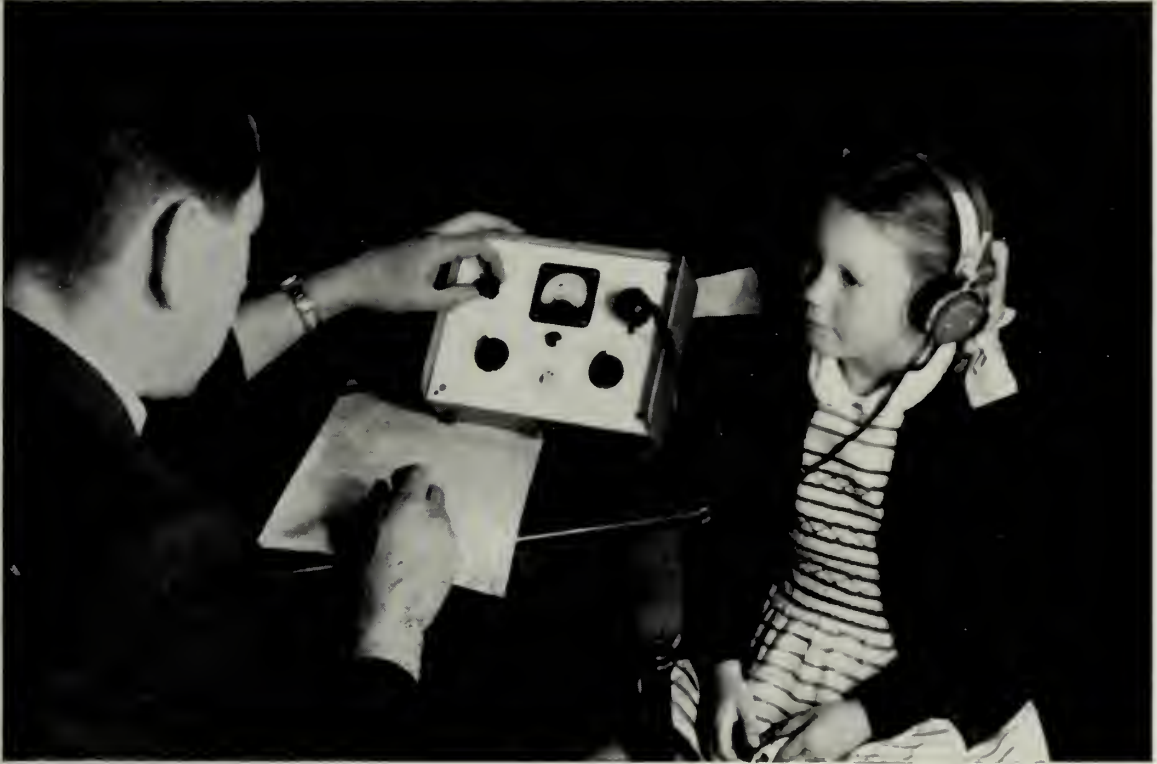


Before Treatment.



After Treatment.

The above pictures show typical results of orthoptic treatment. Our orthoptists frequently refer to an improvement in general demeanour.



A small audiometer for use in the sweep test of hearing. This audiometer, produced by Mr. E. R. Wall, is a model in use over the whole County for sweep testing and has proved to be most satisfactory. By using transistors in place of the usual thermionic valves the total weight has been cut down to just over 3-lbs. Controls are reduced to three, frequency selector, telephone selector and tone interruptor.

An additional advantage to ease of transport, owing to its light weight, is that it is powered by a miniature dry battery. This means that the operator is independent of an electricity supply and can select the quietest room.



on a short term lease and the equipment and staff were transferred. It was possible to effect this transfer so smoothly that there was virtually no breakdown in clinic services. Extensive remedial work was then put in hand at the Newton-le-Willows clinic and was still continuing at the end of the year.

The building programme carried out resulted, by the end of the year, in their being a total of 107 premises at which school health services are provided. Of these, 12 are new clinics which have been erected since 1945, seven of them as minor building projects, that is to say, at a cost of under £10,000 each.

Minor Ailments and Consultation.

The treatment of minor ailments continues to be an important function of the clinic. Though there has been a fall in the numbers attending over the last few years, consequent upon the availability of the family doctor for the treatment of these conditions, through the provisions of the National Health Service Act, it was interesting to note that there was a slight increase during 1957. Skin diseases, impetigo, scabies and ringworm form a large proportion of the cases treated though the incidence is very much less than it was a few years ago and there was no particular outbreak during the year. Minor diseases of the ear, nose and throat are treated in considerable numbers.

The clinics are, in addition, used for consultation between the parent and the school medical officer. As the school nurse is available these consultations can be of great value, perhaps most of all when the nurse is also the health visitor. There are no better opportunities in the school health service, for education for health, than these consultations with individual parents and it can be said that the majority of school medical officers fully realise that time used in this way is well spent.

In six areas specialists attend for consultation in regard to certain ear, nose and throat conditions that may require treatment in hospital.

Defective Vision and Squint.

Ophthalmic surgeons attend at 69 clinics throughout the County for the purpose of carrying out refractions and, where necessary, prescribing spectacles. The supply of spectacles is the function of the Local Executive Council under the National Health Service Act, 1946, and there is the closest co-operation between the two departments. 9·32 per cent. of children examined at periodic inspection were found to require spectacles.

Orthoptic Treatment.

Orthoptic clinics were held at Chorley, Eccles, Leigh, Nelson and Waterloo. A total of 705 children attended for treatment and of these 58 were referred to hospital for operative treatment. Attendance is good and this is helped by the use of the appointments system. In some areas the practice has been continued whereby the orthoptist visits the children while in hospital, if this is necessary.

The function of the orthoptic clinic is, firstly, for diagnosis so that a full assessment of the condition can be made. Only in this way is it possible to decide upon an adequate course of treatment. Secondly, there is the supervision of orthoptic training, where this is the appropriate treatment, either in those cases where no operation is required, or after operative treatment. Age of onset, time elapsing between onset and the start of treatment and the co-operation of patient and parents are all factors bearing upon the suitability and success of treatment. In this connection it is satisfactory to observe

the numbers of quite young children who are now being brought forward by their parents with a view to treatment. In one clinic, for example 89 children, too young for weekly treatment, attended regularly for checking.

In all this work the co-operation of health visitors and school nurses is quite essential particularly where younger children are concerned, and they do much to help parents to appreciate the value of early treatment.

The following table shows the work done during the year at the orthoptic clinics.

Clinic.	Children Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Chorley	71	3	—	—	2	66
Eccles	313	65	12	—	7	229
Leigh	87	3	4	3	6	71
Nelson	80	31	22	10	1	16
Waterloo	154	15	6	3	5	125
Total	705	117	44	16	21	507

Chiropody.

The table below gives details of the Chiropody Services at the clinics where the sessions are held :—

Clinic.	Children Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Accrington	52	27	3	—	10	12
Ashton-under-Lyne	203	153	—	4	26	20
Bacup	202	163	3	2	4	30
Chadderton	154	124	—	3	1	26
Clitheroe	38	23	3	1	1	10
Darwen	93	64	8	5	6	10
Denton	57	43	3	—	3	8
Droylsden	76	45	10	—	9	12
Eccles	169	99	6	14	10	40
Farnworth	175	158	—	—	—	17
Heywood	31	24	3	—	3	1
Horwich	53	26	8	2	9	8
Littleborough... ..	34	14	11	—	4	5

Clinic.	Children Treated.	Discharged Cured.	Discharged Improved.	Treatment Suspended.	Ceased Attending.	Still Attending.
Leigh	147	141	—	—	—	6
Morecambe	68	41	8	1	2	16
Nelson	121	107	2	1	—	11
Swinton	222	177	7	4	12	22
Urmston	134	66	24	3	16	25
Westhoughton	26	12	2	3	6	3
Total	2,055	1,507	101	43	122	282

There is general agreement among the chiropodists that their work has two aspects which are closely related. There is in the first place the treatment of minor defects such as a mild degree of hallux valgus, verrucae pedis, corns and defects of nails, and of the lesser toes. All such conditions are still common and this emphasises the second aspect of their work which is educational.

Care in the management of footwear and in the hygiene of the feet are matters to which parents should give a great deal more attention than they are in the habit of doing at present. Children are too often left to look after their own feet, even to buying their own shoes and the feet may not receive even the most rudimentary care. Some chiropodists find that in regard, for example, to the vexed question of teenagers casual shoes, their advice is more likely to be accepted if given personally, rather than through the parent. This is perhaps understandable and is an important practical point.

The preventive aspect of their work is emphasised in the reports of a number of the chiropodists and in many cases also mention is made of the appreciation which parents have expressed for the service. In one or two areas the chiropodist has given talks to a group of mothers. Great interest is shown and many pertinent questions asked.

If the chiropodist is the most appropriate person to bring parents to realise their duty regarding their children's feet and to appreciate how much, in fact, they can do by the expenditure of a little time, then a chiropody service for children is worth while on these grounds alone.

Orthopaedic and Postural Defects.

There are 29 after-care centres in the County area, each attended monthly by an orthopaedic specialist and as a rule weekly by an orthopaedic nurse. Children are referred to these centres by the school medical officers for treatment under the supervision of the orthopaedic surgeon, either at hospital or at the clinic. Hospital treatment may be either short-stay or long-stay, facilities for education being provided in the latter case. A large number of children attend the clinics for remedial exercises, mainly for the correction of defects of posture. Others need continued supervision following hospital treatment and after they have returned to school.

Children requiring operations and other treatment necessitating a long stay in hospital are admitted as previously, though in diminishing numbers, to the Biddulph Grange Orthopaedic Hospital, now controlled by the Birmingham Regional Hospital Board. Treatment is also provided at the

Ethel Hedley Hospital, Windermere, Heswall Children's Hospital and the Rochdale Children's Orthopaedic Hospital for the most part by arrangements through the School Health Service. These are all recognised as Special Schools.

The following is a summary of the work done during the year in the After-Care Centres :—

	Children Attending School.	Pre-School Children.
No. of individual children attended	4,079	1,511
Total number of attendances made	17,673	5,217
No. of children referred to consultant orthopaedic surgeon at hospitals	79	20
No. of children recommended for operative treatment by orthopaedic surgeons at centre or hospital	78	18
No. of plasters made at centres	19	5
No. of surgical appliances, <i>e.g.</i> , boots, irons, etc., supplied through centres	904	215
No. of children given remedial exercises	1,655	426

Defects from which children were suffering :—

	Children Attending School.	Pre-School. Children.
Paralysis—		
Infantile	103	8
Spastic	120	42
Other	13	4
Deformities—		
Congenital	455	194
Traumatic	41	2
Other	2,697	1,066
Rickets	—	3
Infections	23	2
Tuberculosis	10	1
Tumours	3	2
Miscellaneous	667	203
Total	<u>4,132</u>	<u>1,527</u>

School Clinic Attendances.

The following table shows the number of sessions held and the number of attendances made at the 388 departments in 107 school clinic premises :—

					Attendances.		
					No. of Departments.	No. of Sessions.	Pupils in Attendance at School
							Pre- School Children.
Minor Ailments and Inspection ...					96	11,264	127,370
*Dental ...					83	18,422	125,354
Orthodontic ...					8	847	5,884
Ophthalmic ...					69	2,651	31,609
Orthoptic ...					5	1,146	5,916
Ear, Nose and Throat ...					6	123	1,313
Orthopaedic ...					29	2,244	17,673
Artificial Light ...					19	969	7,483
Speech Therapy ...					49	4,303	22,553
Chiropody ...					19	921	8,734
Child Guidance ...					3	643	2,660
Miscellaneous—							
Asthma, Cardiac ...					2	5	37
Total ...					388	43,538	356,586
							25,593

* In addition Nursing and Expectant Mothers made 8,996 attendances at the Dental Clinics during the year.

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
Accrington	6406	1204	2204	63	55	...	861	7
Ashton-under-Lyne (Richmond House)	...	...	...	...	...	...	...	...
Ashton-under-Lyne (Water Street) ...	3327	1	3920	63	77	...	1648	96
Ashton-in-Makorfield	553	6	1208	14	76	...	563	52
Aspull	132	...	...	...	...	...	...	...
Atherton	1014	8	1314	58	152	...	720	66
Audenshaw... ..	847	11	1413	53	12	...	542	32
Bacup	2563	14	1586	38	16	...	461	28
Bamber Bridge	77	94	1136	50	25	...	424	13
Blackburn (Lord Street) ... ..	...	...	120	...	...	649	...	...
Bromley Cross	412	14	630	17	2	...	300	12
Carnforth	85	...	957	113	148	...	142	11
Chadderton (Central)	163	...	...	...	...	...	425	41
Chadderton (Eaves Lane)	111	...	2966	138	231	...	...	...
Chorley (St. Thomas's Square) ... ..	...	...	...	...	...	...	...	...
Chorley (St. Thomas's Road)	2502	4	3905	66	74	...	913	75
Clitheroe (Eshton Terraco)	211	18	1120	43	58	...	229	37
Colne	5847	11	1713	110	151	...	1090	80
Crompton	607	1	1256	38	355	...	205	2
Crosby (Alexandra Hall)	534	35	2119	53	117	...	...	...
Crosby (Prince Street)	4899	262	2409	36	143	400	1791	271
Crosby (Seaforth)	336	22	...	...	...	...	...	...
Dalton-in-Furness	910	38	1355	51	276	...	213	17
Darwen	1811	26	781	108	113	...	341	84
Davyhulme, Urmston	752	6	1723	130	5	...	293	24
Denton	2035	55	...	...	...	...	...	...
Droylsden	1690	29	3324	139	205	...	395	19
Earlestown, Newton-le-Willows	528	1	566	4	69	...	560	4
Eccles (Green Lane) ... ..	...	...	...	...	...	...	...	...
Eccles (Hyde Lodge)	2425	30	3144	43	...	...	362	34
Failsworth	303	...	1196	63	101	2342	571	6

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTHODONTIC.	OPHTHALMIC.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
Farnworth	6524	434	2875	213	246	...	736	51
Fleetwood	483	1	2269	36	90	...	342	24
Formby	307	247	...	...	...	...	...	...
Fulwood	73	8	...	...	...	...	267	51
Golborne	150	3	518	20	50	...	...	...
Haslingdon	2224	15	1314	6	91	...	358	86
Haydock	614	3	569	38	63	39	307	25
Heywood	1456	57	3132	135	671	...	341	96
Hindley	397	1	1027	24	72	...	316	36
Horwich	1093	77	1420	44	52	...	789	87
Huyton (Derby Road)	1623	11	4150	219	622	...	464	13
Huyton (Fairclough Road) ... ..	...	...	...	...	...	...	...	...
Huyton (Twig Lane)	6918	43	..	...	...	1463	280	9
Ince	933	8	974	16	49	...	266	37
Irlam	278	1	556	23	...	...	282	16
Kearsley	811	13	932	41	162	...	400	38
Kirkby (Southdene)	5519	...	1996	132	635	...	381	37
Kirkham	848	15	529	96	64	...	...	...
Lancaster (Thurnham House)	1248	5	2790	114	20	...	446	13
Lancaster (Ryelands House)	777	42	...	...	...	...	...	...
Loigh (Stone House)	1868	...	1113	16	9	...	474	21
Leigh (Westleigh Lane)	112	...	...	...	...	...	...	...
Leigh (Nangreaves Street)	18	...	...	...	...	...	...	...
Leigh (Boundary Street)	286	10	...	...	...	...	...	...
Leyland	355	5	1351	36	21	...	623	74
Litherland (Softon Avenue) ... ..	...	...	...	...	...	...	...	...
Litherland (Softon Road)	707	7	1484	33	186	...	338	15
Littleborough	501	...	1059	21	128	...	149	...
Little Hulton	573	9	2047	291	557	...	...	...
Longridge	176	12	804	20	7	...	175	14
Lytham (Bath Street)	266	...	432	19	6	...	...	...

ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO- PAEDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(a)	(a)	(b)
...	730	3	...	...
...	430	225	...	...	511	10	...	...	...	...
...
...
...	352	...	...	...	...	...
...	896	94	...	...	...	...	...	...
...	306	188	...	...	120	1	...	...	...	...
...	362	216	6	...	414	5	70	...	...	...
...
...	...	80	6	196	25	...	...	25	...	318	...	...	...
...
...	759	4	...	...	1060	...
...
...	1009	40	...	...	...	...
...	465	44	...	...	...	...	...	...	...	...
...	153	21	...	...	81	2	...	...	...	...
...	968	19	...	...	...	...
...	326	...	...	...	...	...
...	622	96	...	...	...	...	...	...	...	...
...	704	9	...	...	...	...
295	33	...	...	...	...	...	...	1276	33	534	...	...	...
...
...
...
...	231	362	104	143	...	...	...	...	...	...
...	844	244	312	9	312	9	...	...	...	...
...
...	85	...	...	...
...	40	6	...	...	...	...
...
...	550	55	...	...	194	11	...	...	...	...

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTH ODON- TIC.	OPH- THALMIC.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
Lytham St. Annes	305	...	734	22	...	...	331	60
Maghull	381	...	1548	3	49	69	...	...
Middleton (Durnford Street)	1808	...	2021	21	4	...	491	32
Middleton (Langley)	2300	35	1622	54	14	...	386	47
Milnrow	719	...	1013	21	70	...	...	...
Morecambe (Euston Road)	1340	...	1979	14	4	...	214	1
Morecambe (St. James Hall)	250	...	...	...	...	...	...	...
Mossley	1798	15	813	28	8	...	287	21
Nelson (Carr Road)	1065	29	...	...	...	...	585	88
Nelson (Manchester Road)	450	2	1182	1	2	...	354	42
Ormskirk	866	94	1038	8	215	...	...	...
Orrell	162	...	1056	9	39	...	587	60
Oswaldtwistle	530	25	319	11	20	...	176	50
Padiham	1257	6	1104	2	2	...	290	31
Poulton-le-Fylde	762	109	...	...	...	...	...	...
Prescot	692	10	2329	154	486	...	249	9
Preston (Spring Bank) ... ..	...	...	1310	9	...	649	...	...
Prestwich	599	7	...	...	...	...	645	71
Radcliffe	5672	58	1277	19	7	...	381	71
Rainford	74	6	255	18	71	...	...	...
Ramsbottom	1358	97	900	22	68	...	336	74
Rawtenstall (Kay Street) ... ..	...	...	...	...	...	...	...	...
Rawtenstall (Bacup Road)	743	2	2547	58	268	...	415	101.
Rishton	411	168	1794	5	...	...	122	21
Royton	677	1	570	12	58	...	159	...
Standish	248	2	1139	31	68	...	244	28
Stretford (Old Trafford)	1542	57	1643	119	86	...	362	69
Stretford (Mitford Street)	1298	155	3818	1082	146	...	...	...
Stretford (Trafford Park)... ..	417	3	...	...	...	...	...	...
Stretford (Lostock)	1102	151	...	...	...	...	...	...
Swinton (Folly Lane) ... ..	...	...	768	5	11	...	...	...

NAME OF CLINIC.	MINOR AILMENTS.		DENTAL.			ORTH ODON- TIC.	OPH- THALMIC.	
	(a)	(b)	(a)	(b)	(c)	(a)	(a)	(b)
Swinton (Victoria Park)	2345	1	1913	13	64	...	482	43
Thornton Cleveleys	414	4	2415	300	163	...	263	21
Tottington	526	92	...	...	...	...	...	...
Tyldesley	505	...	1131	25	20	...	637	31
Ulverston	697	2	1581	85	296	...	329	62
Walkden	562	6	1097	37	37	...	270	...
Westhoughton	1089	35	753	39	39	...	1009	43
Whitefield	897	326	2395	248	71	...	383	54
Whitworth	1167	16	39	...	1	...	...	...
Widnes (Ditton)	745	27	...	...	...	...	...	...
Widnes (Kingsway)	8929	73	5237	343	347	273	841	9
Widnes (Millborw)	2450	55	...	...	...	...	...	...
Winwick ... ..	...	...	...	...	...	...	...	...
Mobile Unit ... ..	...	...	608	...	...	...	...	...
Total	127370	5566	125354	5902	8996	5884	31609	2893

(a) Pupils in Attendance at School ; (b) Pre-School Children ;

ORTHOPTIC.		EAR, NOSE AND THROAT.		ORTHO- PAEDIC.		ARTIFICIAL LIGHT.		SPEECH THERAPY.		CHIROPODY.		CHILD GUIDANCE.	
(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
...	...	260	8	433	94	474	96	535	...	758	6	...	...
...	394	...	...	...	...	...
...	480	...	...	...	...	...
...	290	78	...	...	...	...	...	...	...	...
...	105	82	...	...	...	...	...	...	...	...
...
...	297	115	...	...	101	4	...	...
...	627	256	141	...	523	2	...	...	664	...
...
...
...	1323	43	...	...	...	...
...	164	4	...	...	...	...
...
5916	864	1313	120	17673	5217	7483	4174	22553	707	8734	150	2660	...

(c) Nursing and Expectant Mothers.

THE SCHOOL HEALTH SERVICE AND OTHER HEALTH SERVICES.

In Lancashire the integration of the health services has always been regarded as a matter of first importance. With this end in view the medical staff, both at the central office and outside undertake duties in connection with the National Health Service Act, the Public Health Acts, embracing the environmental services, and the National Assistance Act, in addition to the School Health Service. The County Medical Officer of Health is the Principal School Medical Officer and is also the Chief Welfare Officer.

Divisional medical officers are also divisional school medical officers for the whole of their areas. Since there are only 17 health divisions but 24 education divisions and two excepted districts, most of these medical officers have school health responsibilities in more than one education division but this does not give rise to any undue difficulty.

The following table shows the relationship in 1957 between Health and Education Divisions :

Health Division.	Education Executive Area.	
	Whole.	Part.
1	1	—
2	—	2
3	—	3
4	10	2, 3, 4, 5, 14
5	7	5, 9
6	6	5
7	11, 12	4
8	13	14
9	16, Widnes Ex. Dist.	—
10	17	—
11	15	9, 14, 18
12	19	8
13	—	8, 20
14	—	20, 23
15	22	18, 21
16	Stretford Ex. Dist.	21
17	24	23

Another important way by which the health services are integrated is through the employment of divisional medical officers or their assistants as medical officers of health of County Districts. There are 108 districts in the County area and in 86 of these medical officers on the staff act in this capacity.

The dental staff are mainly engaged in the School Health Service but they have responsibilities also in the care of mothers and children of pre-school age.

The same principle applies to the nursing staff, the great majority of whom are both school nurses and health visitors. Though recently a few temporary appointments have been made of school nurses who are not also qualified as health visitors there is nothing to indicate that any change would be desirable in the policy of the Education and Health Committees over the years, of appointing nurses to serve in both these capacities. The advantages are many, not merely in administration but more particularly to the children and their parents.

Health Education.

Many talks were given in schools on health though this year there was no organised scheme.

Smoking and Lung Cancer.

It was felt that in the light of scientific opinion concerning the connection between smoking and lung cancer that some approach might be made through the schools and the Health Committee provided the publicity material for this purpose. Two things were done. In the first place a copy of the Medical Research Council's report on "Smoking and Lung Cancer" was sent to some head teachers throughout the county. In this way they were provided with the latest unbiased views based on the most recent research. Secondly, 120,000 copies of the leaflet published by the Central Council for Health Education were distributed to older school children. It was hoped that not only would these be read by the children themselves, but that many copies would reach the homes, and there given further discussion.

Infectious Diseases.

The following table shows the number of notifications of infectious diseases during the year 1957, among children aged 5-14 inclusive.

CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES, 1957.

Disease.	Age 5—14.				Total.
	M.		F.		
Scarlet Fever	512	...	578	...	1,090
Whooping Cough	528	...	630	...	1,158
Acute Poliomyelitis (Par.) ...	12	...	19	...	31
Acute Poliomyelitis (Non-Par.) ...	7	...	5	...	12
Measles (excluding rubella) ...	6,850	...	6,694	...	13,544
Diphtheria	1	...	—	...	1
Dysentery	686	...	703	...	1,389
Meningococcal Infection	6	...	4	...	10
Acute Pneumonia	90	...	63	...	153
Smallpox	—	...	—	...	—
Acute Encephalitis (Infective) ...	—	...	—	...	—
Acute Encephalitis (Post Infective)	2	...	1	...	3
Enteric or Typhoid Fever	—	...	—	...	—

Disease.	Age 5—14.		F.	Total.
	M.			
Paratyphoid Fevers	2	...	—	2
Erysipelas	4	...	6	10
Food Poisoning	26	...	39	65
Tuberculosis (Respiratory) ...	42	...	41	83
Tuberculosis (Meninges & C.N.S.)	3	...	2	5
Tuberculosis (Other)	18	...	28	46

There was only one case of diphtheria. The number suffering from measles, however, was the highest so far in any year.

The most notable event was an extensive outbreak of Asian-type influenza of a Far Eastern origin. This began in August in the eastern part of the county and gradually spread to other parts. Many thousands of children were away from school in the following weeks and in some schools the attendance for a time was less than 50 per cent. Many teachers were also affected. Fortunately uneventful recovery was the rule but the epidemic undoubtedly made organisation very difficult in many schools.

Immunisation against Diphtheria.

Under the County Council's immunisation scheme facilities are provided for protection against diphtheria, whooping cough and tetanus, whereby inoculations may be given against diphtheria or whooping cough separately, or together, or in further combination with protection against tetanus.

Immunisation sessions, arranged by the respective divisional medical officers, are held periodically at school clinics, child welfare centres and other suitable centres, such as schools. In addition, medical practitioners take part in the County Council's scheme either by conducting sessions at the clinics on behalf of the local health authority or in the course of their private practice. At the 31st December, 1957, the number of general practitioners who were taking part in the arrangements for immunisation was 1,014.

Below is given a summary, by types of antigen used, of the numbers of children in specified age groups in the Administrative County Area who completed a full course of primary immunisations or were given a reinforcement injection during 1957.

Antigen used.	Primary Immunisations.			Reinforcement Injections.		
	Age at date of final injection.			Age group.		
	Under 5 years.	5-14 years incl.	Total 0-14 years.	Under 5 years.	5-14 years incl.	Total 0-14 years.
Diphtheria only	1,333	1,851	3,184	1,349	15,961	17,310
Whooping cough only	273	60	333	12	15	27
Diphtheria and whooping cough (combined)	5,305	134	5,439	320	732	1,052
Diphtheria, whooping cough and tetanus (combined)	15,294	285	15,579	217	382	599
Diphtheria and tetanus (combined) ...	46	35	81	5	9	14

The table below shows the number of children under 15 years of age at the 31st December, 1957, who had completed a course of immunisation at any time before that date (*i.e.* at any time since 1st January, 1943) classified by age groups as to those having had the course within the last five years and those whose immunity was given at an earlier date and has not since been reinforced by booster doses of antigen. By expressing the numbers in each age group who received a complete course of injections (whether primary or booster) during the five years prior to 31st December, 1957, as a percentage of the population in that age group, an immunity index is provided.

Age at 31st December, 1957, <i>i.e.</i> born in year.	Under 1 1957.	1-4 1956-53.	5-9 1952-48.	10-14 1947-43.	Under 15 Total.
Last complete course of injections (whether primary or booster)— A.—1953-57	5,835	74,137	86,645	56,243	222,860
B.—1952 or earlier	—	—	49,520	85,138	134,658
C.—Estimated mid-year child population	31,900	118,600	321,500		472,000
Immunity Index : $100 \frac{A}{C}$	18.3	62.5	44.4		47.2

From the above, it will be seen that of a school population of 321,500, 277,546 or 86.32 per cent. had at some time completed a course of immunisation. Of these 142,888 or 44.44 per cent. had been primarily immunised or had reinforcement injections during the five years immediately preceding the 31st December, 1957, and may, therefore, be regarded as possessing a high degree of immunity. The remaining 134,658 children between the ages of five and 15 years or 41.88 per cent. of the school population had at some time prior to 1953 received a course of immunisation but, whilst some residual protection remained, these could not be regarded as possessing a satisfactory degree of immunity.

Vaccination against Tuberculosis.

(a) Contacts.—Since 1949 B.C.G. vaccination of suitable contacts of cases of tuberculous infection have been carried out by chest physicians on behalf of the County Council.

The following statement shows the number of children between the ages of two and 15 years examined and tested for suitability for B.C.G. vaccination and the number actually vaccinated during 1957 :—

	Under five.	5-14 inclusive.	Total.
Number of children tested for suitability for B.C.G. vaccination ...	1,312	1,241	2,553
Number of children vaccinated	1,167	583	1,750

(b) School children.—In 1954 the County Council's proposals were amended to provide for the B.C.G. vaccination of school children between their thirteenth and fourteenth birthdays, who were shown as a result of tuberculin test to be suitable, and whose parents consented to the vaccination.

The majority of the medical officers employed by the County Council have now received training in the technique of B.C.G. vaccination and during 1957 the scheme has been further extended, though shortage of staff has prevented it in some areas.

The following table summarises the results of B.C.G. vaccination programmes completed during the year :—

No. of Schools Completed.	Number of parents' consent forms.			Number of children.			
	Sent to Parents.	Returned.		Tuberculin Test Performed.	Tuberculin Test Positive.	Tuberculin Test Negative.	Vaccinated with B.C.G.
		Refused.	Consented.				
187	10,712	2,747	7,397	6,969	1,731	5,052	5,002

Vaccination against Poliomyelitis.

In 1957 vaccination against poliomyelitis was offered to all children under 15 years of age (excluding infants under six months). During the year 63,607 children were fully vaccinated, of whom 49,950 were of school age.

By the end of 1957, 126,694 children had been registered. Of these 72,328 had been fully vaccinated and 7,199 had received the first injection.

HANDICAPPED PUPILS.

It is the duty of the local education authority to make suitable provision for handicapped pupils in the area. There are 10 categories, as follows :—

Blind

Partially Sighted

Deaf

Partially Deaf

Delicate

Physically Handicapped

Epileptic

Maladjusted

Speech Defects

Educationally Sub-normal

Children who are handicapped in any of these ways require special educational treatment since they cannot be educated satisfactorily under the normal conditions of an ordinary school. Many children in several of these categories continue their education at ordinary schools when suitable arrangements are made for them appropriate to their handicap.

Others, however, must be educated in special schools, either day or residential, if their abilities and aptitudes are to have full scope for development. The residential schools set up by the Committee have transformed the position as it was only a few years ago. At that time there were many

severely handicapped children for whose education there was no provision. Now, with few exceptions, they are admitted to our own schools and severity of the handicap is no bar provided the child is thought to be educable, or, in some cases, worth a trial.

County children who are blind, partially sighted, deaf, partially deaf and maladjusted who need education in a special school are admitted to schools administered by other local education authorities or voluntary bodies. Those who are physically handicapped or epileptic and need special school education are mostly admitted to the Committee's schools and this applies also to the junior delicate children. The three itinerant teachers of the deaf add greatly to the facilities for the partially deaf and the hostel for maladjusted boys is an extremely valuable part of the service provided for children with this handicap. Provision for educationally sub-normal pupils is not the responsibility of the School Health Sub-Committee.

The following pages show the extent and the kind of facilities now provided for handicapped children by the Committee.

The number of handicapped pupils in need of education at special schools and the number actually placed, is shown in Table 6.* It will be seen that the general position is satisfactory.

Home Education.

There are some handicapped children who, during the waiting period for admission to residential schools, are provided with education in their own homes and occasionally this arrangement is also made in the light of other special circumstances. Unfortunately, some parents even of older children are over-anxious that education should be received in this way, rather than through a special school. Though it has its place, home education is nearly always a second best. Children need the companionship of their fellows for their satisfactory emotional development and are happiest if they spend much of their time, whether at work or at play, with others of approximately the same age.

Partially Deaf Pupils.

The three itinerant teachers of the deaf continue to fill a most important place in the Committee's arrangements for dealing with those children who are handicapped by a defect of hearing. The defect of hearing in these children is not, of course, so severe as to necessitate their education in a special school for the deaf, where methods are used for children who have never acquired speech naturally. At the same time their defect may be quite sufficient to interfere appreciably with their educational development if some action is not taken to provide them with additional help. By using hearing aids and perhaps by attending a course of instruction in lip-reading the majority of these children are able to continue their education at an ordinary school without detriment to their progress. Many of them would otherwise have to be admitted to a special school for the partially deaf and for a few seriously partially deaf children this is still the only satisfactory solution.

The three teachers have always been concerned on the one hand with the assessment of the degree of deafness and on the other, with the setting up and supervision of lip-reading classes.

* For this table please refer to Appendix.

An attempt is made to test the hearing of all children at the age of eight years. This has hitherto been done with the use of a gramophone audiometer but in place of this group test, the individual but rapid sweep test is now used. In addition, children suspected of deafness are referred to these teachers by medical officers and others for the accurate measurement of the extent of hearing loss. Hearing can often be restored by medical treatment but in those cases where it cannot the itinerant teacher is in a position to help the child so that he is able to surmount this difficulty. The teacher is well placed to undertake this responsibility for not only has he a detailed knowledge of the child's hearing defect, he is also aware of the pitfalls met by many in using a hearing aid, while as a teacher he can discuss the educational problems of individual children with their teachers. He recommends to the medical officer which children would benefit from lip-reading instruction and is able to set up these classes where they are most needed. Children normally attend once or twice a week for a term and sometimes for a second term.

The appointment of an assistant to each of the teachers has made a striking difference to the amount of work covered by the teams. The assistants have been responsible for the screening tests of nearly 32,000 eight year old children, using Mr. Wall's transistorized audiometer, compared with 6,200 the previous year, and this has allowed an additional 1,600 pure tone tests to be done by the teachers.

The value of all this work is seen constantly, and particularly of the lip reading classes.

Mr. J. J. Finigan reports as follows :—

“Sixty-eight children, ranging in age from seven to 15 years, attended for lip-reading during the year at various centres.

“Most of these children show signs of benefiting from these lessons, and, although their proficiency at lip-reading varies widely, the one noticeable feature common to almost all of them is an increase in self-confidence. This is in marked contrast to the timidity and diffidence with which they begin the course, and which, on enquiry from parents or teachers, often proves to have been a characteristic of long standing. Perhaps the most notable example of this is that of a girl of 10 years who began lip-reading lessons a few months ago, shortly after being issued with a hearing-aid. For some time before this she had been causing concern to both her parents and teachers. She had been referred to a psychiatrist because of her problems of behaviour, which included playing truant and persuading her younger sister to accompany her. Eventually, the assistant for the area visited the school on the routine sweep-test survey, and she was referred for a pure-tone audiometric test. This disclosed a severe bi-lateral hearing loss, and after medical investigation she was provided with a hearing aid and given a first course of lip-reading lessons. Her mother has recently expressed her pleasure in her daughter's improvement, and the head teacher states that the problems of behaviour have disappeared. The child is now much more interested in her work and other school activities, and is making slow but definite progress.”

Miss H. G. Johnson remarks :—

“It is encouraging when some of those children attending the lip-reading classes pass their entrance examination into the grammar schools and as an example of what can be done by persevering in using a hearing aid and in becoming an excellent lip reader, I quote a boy from Up Holland Grammar School. Though very severely deaf he has been accepted for a university course in science and has already begun his studies.”

Mr. E. R. Wall reports as follows on the small transistorized audiometer he devised and which was mentioned in last year's report :—

“ Screening test audiometers have now been in service for almost 12 months. After initial adjustments to match the testing level to that of the Amplivox audiometers used in the other two areas and an early modification to the headset in one case, no further difficulties have been experienced.

“ The batteries have now almost completed their calculated minimum life of 12 months service and will be replaced as a precaution shortly.

“ Results obtained with these instruments agree almost exactly with those obtained with our commercial audiometers and the available evidence suggests that they are thoroughly reliable and very good for our purpose. The only improvement required appears to be in the construction of the headband.”

The table below shows the number of children with whom these teachers have been concerned during the course of the year. The work has been carried out in every Education Division except 1 and 4.

Teacher of the Partially Deaf.	Number of Children tested by Sweep Test.	Number of Children receiving full scale Pure-Tone Audiometer Test.	Number of Children Attending Lip Reading Classes.
Mr. J. J. Finigan	10,135	1,197	68
Miss H. G. Johnson	11,474	1,788	81
Mr. E. R. Wall	10,298	1,025	29
Total	31,907	4,010	178

Delicate Pupils.

Provision is made by the County Council for delicate pupils through Broughton Tower, a residential special school for junior boys and girls, and through six day special schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes. Arrangements are also made when necessary for children to be admitted to various residential special schools administered by other local education authorities and voluntary bodies, and to convalescent homes for shorter periods.

Broughton Tower.

This was the first of our special schools to be opened after the war and in November, 1957, completed its tenth year. The numbers attending in 1957 are given below :—

Resident in school on January 1st	...	...	...	...	...	36
Admitted during the year	...	...	...	...	...	52
Discharged during the year	...	...	...	...	...	59
Resident in school on December 31st	...	...	...	...	...	29

The following report has been received from Dr. H. Gordon Robinson, school medical officer in the area, who is in clinical charge of the children :—

“ There have been a smaller number of admissions than usual this year. This is principally accounted for by the fact that during the widespread Asian 'Flu epidemic, it was considered advisable to stop new admissions to the school for a period of about two months in the early Autumn. Fortunately, apart from a few sporadic cases, the school remained unaffected by the outbreak.

Admissions.

“ The table below gives details of the 52 children admitted during 1957, of whom 31 were boys and 21 were girls :—

Diagnosis.						No. of Children.	per cent.	
Asthma	...	...	...	...	...	26	...	50
Bronchitis	...	...	...	...	...	6	...	11.5
Bronchiectasis	...	...	...	...	...	4	...	7.7
Debility	...	...	...	...	...	4	...	7.7
Underdevelopment and Malnutrition	...	...	...	...	...	4	...	7.7
Chronic Respiratory Tract Infection	...	...	...	...	...	2	...	
Congenital Heart	...	...	...	...	...	1	...	
Bronchial Catarrh	...	...	...	...	...	1	...	
Delicate	...	...	...	...	...	1	...	
Debility and Epileptiform Convulsions	...	...	...	...	...	1	...	
T.B. Dorsal Spine (Quiescent)	...	...	...	...	...	1	...	
Post Chorea Debility	...	...	...	...	...	1	...	

“ Included in the above are four re-admissions classified as follows :—

Asthma	...	...	...	...	...	2
Bronchiectasis	...	...	...	...	...	1
Debility and Epileptiform Convulsions	...	...	...	...	...	1

“ The admissions in the five largest groups : asthma, bronchitis, bronchiectasis, debility and underdevelopment and malnutrition (44 cases), accounted for 84.6 per cent. of the total. As in previous years the number of admissions classified outside these groups was small, only eight in 1957.

“ There is again an increase in the proportion of asthmatic children in this year's admissions (50 per cent.) while the proportion with bronchitis and bronchiectasis continues to diminish.

Age on Admission.

Under 6 years ...	...	...	...	...	...	...	...	...	1
6 years ...	...	...	...	...	...	...	...	...	10
7 years	...	...	...	...	...	...	...	...	8
8 years ...	...	...	...	...	...	...	...	...	8
9 years	...	...	...	...	...	...	...	...	10
10 years ...	...	...	...	...	...	...	...	...	8
11 years ...	...	...	...	...	...	...	...	...	6
12 years	...	...	...	...	...	...	...	...	1

“ The average age on admission was eight years, five months, the same as last year.

Discharges.

Boys ...	...	...	...	...	...	...	31
Girls ...	...	...	...	...	...	...	28
Total ...							<u>59</u>

“ Four of these were asthmatic children who had been re-admitted, while an epileptic child was transferred to a residential school for epileptics.

“ The length of stay varied from one month to 18 months, the average length of stay being approximately seven and a half months.

Comparisons of Weights on Admission and Discharge of Children Discharged during 1957.

Underweight on Admission ...	...	...	...	...	...	...	64.9 per cent.
Underweight on Discharge	...	...	...	...	...	...	33.3 per cent.
Normal Weight on Admission	...	...	...	...	...	...	35.1 per cent.
Normal Weight on Discharge	...	...	...	...	...	...	66.6 per cent.

“ Although the number of children who are underweight on admission varies considerably from year to year, there is a constant and noteworthy increase in the rate of growth of all children during their stay at Broughton Tower, with the exception this year, of one child.

“ This may, perhaps, be better illustrated in the following table which compares the rate of growth of children at this school during 1957 with the average rate

Age in Years on Admission.	Number of Children.	Average Weight increase per Month of Normal Children*	Average Weight Increase per Month at Broughton Tower.	Percentage Increase Above Normal.
6	10	5.73 ozs.	11.5 ozs.	100%
7	11	6.6 ozs.	10.54 ozs.	60%†
8	9	6.73 ozs.	21.0 ozs.	212%
9	12	8.8 ozs.	22.67 ozs.	158%
10	5	8.0 ozs.	22.5 ozs.	181%
11	6	12.3 ozs.	35.5 ozs.	188%

* From Holt's "Diseases of Infancy and Childhood."

† This group includes a boy who actually lost weight while at the school.

"During the period under review in this report, the school celebrated the 10th anniversary of its opening in November, 1947, and it was suggested that this might be a suitable time to review the first 10 years. Preliminary investigation of the available data indicates a number of interesting changes. For example, there is a steady increase in the proportion of admissions suffering from asthma and a corresponding decrease in the proportion of those with bronchiectasis. The proportion of children who are underweight on admission seems to be decreasing. While the average length of stay remains about the same there are now very few children discharged after short periods and also fewer really long-term cases. The most striking feature is the average age on admission, which has fallen from nine years, 11 months in 1950 to eight years, five months in the last two years.

"It is hoped to include in next year's report a statistical review of the first 10 year period. A detailed analysis of the clinical disabilities of children that have been discharged will be incorporated in the 'follow-up' Report which will also show how they have fared after leaving Broughton Tower.

"The continued help and co-operation of Dr. J. R. Edge, the consultant thoracic physician; Dr. T. B. Horrocks, pathologist; the dental officer and ophthalmologist of the county staff, and Dr. W. G. Southern, of Broughton-in-Furness who provides general practitioner services for the children and staff, have been of the highest order. Their assistance together with that of the matron and nursing staff and the head teacher and his staff has proved to be of immense value in rehabilitating the children to normal physical well-being."

FOLLOW-UP REPORTS.

"Letters are sent to the divisional medical officers concerned with each child, six months after discharge from Broughton Tower. This report is on 48 replies received from various divisions up to December 31st, 1957, on children discharged in 1956 and up to April, 1957:—

									<i>Per cent.</i>
Improved	...	...	...	...	...	35	...	...	72.9
Remained Stationary			...	...	...	8	...	...	16.7
Deteriorated		...	...	...	...	5	...	...	10.4

Recommendations at Follow-up Examinations—

						<i>Per cent.</i>
Fit to remain at ordinary School	...	...	41	...	...	85.4
To return to special school as soon as possible	...	...	5	...	...	10.4
To attend a special day school	...	...	1	...	...	2.1
To attend a convalescent home	...	...	1	...	...	2.1

Asthma.

The following are the details of this group :—

						<i>Per cent.</i>
Improved	...	...	...	...	18	85.7
Remained Stationary	...	...	...	...	2	9.5
Deteriorated	...	...	...	...	1	4.7

Bronchitis.

						<i>Per cent.</i>
Improved	...	...	...	...	3	60
Remained Stationary	...	...	...	...	1	20
Deteriorated	...	...	...	...	1	20

Bronchiectasis.

						<i>Per cent.</i>
Improved	...	...	...	...	2	66.6
Remained Stationary	...	...	...	...	—	—
Deteriorated	...	...	...	...	1	33.3

“Of the remaining seven children in the miscellaneous group—five have improved and two, one with chronic maxillary sinusitis and the other with an anxiety state, have remained stationary.

“The results of the follow-up examinations carried out six months after discharge indicate that a substantial proportion of all the children remain improved, this year 73 per cent., while 85 per cent. remain fit to continue at ordinary schools. The small number who deteriorated during the period were recommended to be re-admitted for a further stay at Broughton Tower.

“Children admitted to Broughton Tower on account of asthma do not have frank attacks while in the school, though the attacks recur, probably with less frequency, when the children return home. There is as a rule an interval of several weeks during which there are no attacks. In spite of this the improvement in general health, which takes place while they are resident in the school, is maintained and all but a very few are able to continue their education satisfactorily at an ordinary school.”

The following report on the children's out-of-school activities is from the matron, Miss G. Ethall :—

“For us, 1957 was, in one aspect, very unfortunate. We commenced with 36 on roll, and the number of children admitted during the year was only 52, the lowest number of admissions for several years. This can be accounted for, partly to two long quarantine periods due to mumps and partly to the hold-up of admissions owing to Asian Flu.

“The new school building was occupied and I feel that benefit has already been felt. The children's attitude in preparing to ‘go out’ to school is quite different from previously, when the classes were held in the ‘house.’ There is also the feeling of ‘returning home’ after school. The rooms vacated here have been put to good use. We now have a physiotherapy room and an additional playroom where impromptu concerts and ‘dressing up’ can be freely indulged in.

" During the summer, places visited included Ravenglass and the journey on the miniature railway to Dalegarth, Haverigg, several picnics by the river at Duddon Bridge and a visit to the circus at Barrow.

" In November we celebrated the 10th anniversary of the opening of Broughton Tower as a school. A letter was sent to all pupils who were admitted during the first year. Several replied, giving interesting information as to their present occupation. One and all were of the opinion that their stay here had been beneficial. Many had happy memories of various activities which they would otherwise never have undertaken.

" At the ' At Home,' held on November 21st, we were pleased to welcome many old members of the staff, friends of the school, and also one of the first pupils who brought with her a very happy healthy baby girl of six months.

" The year closed with a school party, a house party and a visit from Father Christmas. We are again grateful to the Ulverston Rotarians who kindly gave us Christmas entertainment and gifts of crackers."

The following report on the educational side has been sent by the head teacher, Mr. E. G. Sharples :—

" The new school was opened on May 6th. The building is of ' Derwent ' unit construction and has three classrooms, cloakrooms and toilets as well as a staff room. It is self-contained and as it is situated a short distance from the main building the children have a distinct feeling that the school is an entity and an essential part of their stay at Broughton Tower.

" By a happy chance, Sir Robert and Lady Rankin visited the school on the first day, and were very interested both in the children and in the planning and construction of the building. Sir Robert was delighted that he had been present on the first day and that he had been able to convey personally his best wishes for the continuing success of the school in the new building.

" Having all three classes under one roof has made the running of the school a much easier proposition. Most of the children who come to Broughton Tower require individual teaching. Now it is possible to group the children in a much more flexible manner as compared with the rather isolated units which previously operated in three widely dispersed classrooms. Both children and staff share an interest in each others activities as the children are encouraged to move freely from one classroom to another.

" Some use has been made of the new school vehicle during the summer months, to enable groups of children to reach different places in the locality, and it is intended to develop this form of activity in future.

" In November, on the 10th anniversary of the opening of the school, the children took great pride in showing the many visitors the new building and their display of handwork which had been made during the term. Examples of weaving, felt work, needlecraft and basketry were proudly shown as the children's own specially intended gifts to be taken home at Christmas.

" At Christmas, for the first time, the children were hosts in their own school to the matron, sister and the house staff. A Nativity Play was performed, followed by a carol service."

Miss M. Johnson, physiotherapist, reports as follows :—

“ The physiotherapy treatment at Broughton Tower consists of two afternoon sessions, dividing the time for physiotherapy treatment between Broughton Tower and Keppleway according to their specific needs.

“ This year, fewer children received physiotherapy treatment compared with last year, the number being fifty-eight in all. Fourteen of the children were suffering from Bronchiectasis and 44 from Asthma.

“ Those suffering from Asthma improved, those with Bronchiectasis had special breathing exercises and postural drainage, particularly those children who had undergone operations.”

“ One hundred and thirty-seven remedial classes were held and 936 individual treatments were given.”

DAY SPECIAL SCHOOLS.

The six day open-air schools in Darwen, Eccles, Nelson, Stretford, Swinton and Widnes continue to do most valuable work. There is now in all accommodation for 609 children.

OTHER RESIDENTIAL SPECIAL SCHOOLS AND CONVALESCENT HOMES.

During the year arrangements were made for 44 children, most of them over the age of 11, to be admitted to 12 residential schools under other education authorities and voluntary bodies ; 235 children received treatment for periods of one, two and three months at 14 convalescent homes, arrangements for admission being made as a rule through the Manchester and Salford Invalid Children's Aid Association and the Liverpool Child Welfare Association.

Physically Handicapped Pupils.

There are three residential special schools for physically handicapped children, one for girls at Keppleway, Broughton-in-Furness, one for junior boys at Bleasdale House, Silverdale, and one for senior boys at Singleton Hall, Poulton-le-Fylde. The total number of places is 112. The great majority suffer from crippling defects which are congenital in nature and in about half of these the cause is cerebral palsy.

Bleasdale House.

The following report is from Dr. Simm, the school medical officer in clinical charge of the children :—

“ During 1957, there were 11 admissions and 10 discharges and on 31st December, 1957, there were 38 boys on the roll. In all the number of children who actually attended the school during the year was 46.

“ The average age on admission, as compared with the last three years, has been reduced and over 50 per cent. of the children were aged six years or under when admitted. Both from a scholastic and medical point of view this is to be commended if the maximum benefit is to be obtained from the treatment provided.

" As would be expected in a school of this nature the percentage of pupils classified as ' Unsatisfactory ' at periodic inspection is again considerably higher than in ordinary schools.

" During the year all the children within the eligible age groups whose parents consented were vaccinated against poliomyelitis. Systematic immunisation of all the children against diphtheria was completed, ' booster ' doses being given where necessary.

" In February, there was an outbreak of german measles affecting 12 children and in May there were five cases of measles. At the end of September, an outbreak of influenza affected in all 36 children. The careful nursing and devoted attention of the staff during these outbreaks did much to ensure the complete and uneventful recovery of all the children affected.

" In regard to treatment 15 boys received in-patient hospital treatment (11 orthopaedic) during the year and 42 received out-patient treatment (34 orthopaedic). Forty-three children received physiotherapy during the year and 17 children were treated by the speech therapist. Thirteen children attended swimming instruction regularly as part of their therapy at Lancaster Swimming Baths on the recommendation of the visiting orthopaedic consultant.

" In a school of this kind the nature and extent of their handicaps vary considerably. The following case history may serve to illustrate some of the problems involved :—

" This boy was admitted to Bleasdale House Special School in November, 1954, at the age of seven years, as an old case of anterior poliomyelitis. There was a good home background, and until the onset of his illness at the age of three years he had had very good general health and suffered only from measles. At the commencement of his illness he was believed to be suffering from pneumonia, but four days later, it became apparent that he had poliomyelitis, affecting both arms, legs, respiratory muscles and his abdominal muscles. A month later he was transferred to an orthopaedic hospital where he remained for about four years, during which time, apart from general treatment, he underwent an operation for flexion deformity of his left hip.

" On admission to Bleasdale House, he was noted to have a marked lumbar lordosis and gross wasting of all limbs. He was able to raise the left arm to about 80° and was unable to raise the right arm to the horizontal. He was only able to feed himself with great difficulty, mainly with his left arm. There were flexion deformities to both hips and some dropping of the left foot. He was unable to walk.

" The main problem here in order to enable this boy to become a functioning unit within the school, was to overcome the flexion deformities and tilting of the pelvis so as to enable him to get about unaided. At this stage it was arranged for him to attend swimming lessons, which he has now done throughout, with enthusiasm. Trials with splints and calipers and other aids were unsuccessful and in spite of continued physiotherapy his deformities were increasing. The consultant orthopaedic surgeon now considered that bilateral femoral osteotomy was indicated, and following discussion with the parents this was carried out in two stages with an interval of approximately four months between. Following re-education during the ensuing six months he learned to walk with the aid of crutches and is now taking a normal part in all school activities.

“Operative measures are only necessary of course, in a minority of cases. Physiotherapy and the use of various types of apparatus, and above all, sympathetic understanding and encouragement directed towards the instilling of confidence are the main general methods of treatment.”

The following is a joint report of the matron, Miss G. I. Davidson, and the head teacher, Miss H. Brown :—

“One of the noticeable features of the past year was that there were more admissions, discharges and transfers amongst the boys than at any time during the past five years.

“Eleven boys were admitted and nine left. Of the 11 new entrants, five were of pre-school mental ability and were admitted to the nursery class. Four boys had previously been to ordinary schools for a short period and two came from other special schools. Of the nine leavers, five were transferred to Singleton Hall, one was admitted to a day special school, one to a hospital school, one to a primary school near to his home and one was discharged home to receive home tuition and later admitted to an open-air school.

“At the end of October, with 38 boys on roll, the groups had been arranged as follows to make provision for five new arrivals to the nursery class.

Class.		No. of Children.		Age Range.		I.Q. Range.
Nursery	...	7	...	5—8 years	...	30—60
Infants	...	9	...	6—8 years	...	46—116
Class 2	...	11	...	8—11 years	...	52—102
Class 1	...	11	...	8—11 years	...	73—114

“The re-arrangement necessitated three children having to be transferred from the nursery to the infants’ class before they normally would have done but they settled down quite well, in spite of their shortened stay. These two classes of the youngest children have been carried on under temporary arrangements in premises across the road from the main building and in spite of the rough surface of the playground the children enjoyed their lessons and their recreation periods out of doors whenever the weather permitted.

“It has not been practicable to extend the curriculum or widen the general activities of the children owing to the relatively low mental ability of the children admitted, and the increased number of boys with multiple handicaps. More time has been given to music, percussion band, singing, games, chime bars and recorder playing, and this emphasis has proved worth while. One boy is having piano lessons from a visiting teacher and is making good progress.

“The decision to dispense with a midday rest for the older boys gave us an opportunity to use the latter part of this period each day for the B.B.C. story lessons for junior children. This experiment is proving most valuable. The children enjoy the quiet listening time before afternoon school begins.

"The most difficult problem has been, and still is, that of the educationally sub-normal child, who is so severely handicapped, mentally and physically, that he finds it difficult to perform the simplest manual operation or to comprehend the most elementary instruction. These children are a challenge to the entire staff who aim to find something, however simple, in which they may achieve some measure of success.

"The boys have had a full and varied programme of entertainment this year. There were visits to pantomimes in Morecambe and in Blackpool when with the boys of Singleton Hall, they were the guests of the Lytham Rotary Club who arranged tea at the theatre afterwards to meet the pantomime artistes. In March, in lovely spring weather, we celebrated the school's eighth anniversary, by a coach trip to Grange, where we spent some time in the park, returning by Cartmel Priory and a roundabout route home, to complete the day with a birthday tea. Also in March some of the more able boys were taken to the Grand Theatre in Lancaster to see "Where the Rainbow Ends," an excellent production by Skerton Girls School. It was a great event for the boys to go out to the theatre at night. Another delightful and unexpected treat was the visit of three bird watchers from Preston, who showed some wonderful photographs of birds and wild fowl of all kinds, some of their nests in the Silverdale marshes and others on the shore and in the woods close by.

"For the second time the Blackpool scouts and cubs arranged a day's outing to Blackpool, giving us lunch, seats at the Tower Circus, tea and finally a cub sing-song. The organisers of this outing are now old friends of the boys and frequent visitors at week-ends.

"During the Whitsuntide holiday and at the end of the summer holiday, there were picnics on the shore when some of the boys accompanied by the housemothers experienced their first sea bathe. The annual school summer outing was again in two parts to enable the maximum number of staff to help with the children. The nursery class and the boys in wheel chairs were taken by train and lake steamer to Ambleside and for a trip in a motor launch. The following week the remainder went by train to Ravenglass, and by the Ravenglass and Eskdale railway to Dalegarth. It was the longest journey we have undertaken, but the thrill and novelty of the miniature railway made this day outstandingly successful and was well worth the effort. The summer term ended with a 'bring and buy' sale in aid of cub funds, held on the July visiting day, when parents took part in the sale and the side shows.

"During the autumn there was the usual visit to Morecambe illuminations, followed by the eagerly anticipated Bonfire Night. Before school closed for Christmas, the Silverdale bell ringers gave a delightful programme of carols. This annual visit is becoming a tradition. On the last visiting day the boys gave a little concert for their parents and again for the visitors to their Christmas party.

"The cub pack has met each Wednesday evening and still flourishes. Once again samples of handwork, needlework, art and handwriting were exhibited at the Silverdale Show in July.

"Among many visitors to the school during the year we were most glad to welcome several of our old boys who are now at work. Students in training, nurses, women's associations and visitors from overseas whose concern is the welfare of handicapped children, have visited us during the summer months and in May the North Western branch of the Special Schools Association combined a visit to Bleasdale House with the first Annual General Meeting."

The following is a summary of the diagnoses of the 46 boys at the school during 1957 :—

Cerebral palsy	...	...	...	...	...	19
Poliomyelitis	...	...	...	...	...	5
Pseudo hypertrophic muscular dystrophy	...	...	...	...	...	10
Spina bifida	...	...	...	...	...	3
Perthe's disease	...	...	...	...	...	1
Congenital shortening of tendons of hamstring muscles	...	...	...	...	...	1
Congenital tumour of the cord and lymphangioma	...	...	...	...	...	1
Bronchiectasis	...	...	...	...	...	1
Chondrodysplasia	...	...	...	...	...	1
Cerebral palsy and hydrocephalus	...	...	...	...	...	1
Post encephalitic state	...	...	...	...	...	1
Glioma of the Pons	...	...	...	...	...	1
Spinal meningocele	...	...	...	...	...	1
						<hr/> 46 <hr/>

The speech therapist, Miss Paull, reports as follows :—

“ Seventeen boys received speech therapy, thirteen of whom had cerebral palsy with dysarthria. Of these six had such a severe defect that their speech was practically incomprehensible and at least three of these children had the added handicap of poor intelligence. Although it is not essential for a child to have a good intelligence in order to produce correct sounds and isolated words, it has been found that there is no ‘ carry over ’ into ordinary speech if the child has a low intelligence quotient.

“ Tape voice recordings were made at regular intervals with all the boys under treatment. They showed that some children had learned not only how to produce correct sounds and words but could associate them in normal speech ; others, however, the muscular dystrophy cases’ among them, showed little urge to improve their speech.

Keppleway.

The following is a joint report of the matron, Miss N. E. Dent, and the head teacher, Miss G. Abraham :—

“ The school re-opened on 7th January, 1957, after the Christmas holiday with 37 girls on roll. During the year there were six admissions and 10 withdrawals. Seven of the girls left on attaining the age of 16 years, one of whom proceeded to St. Loyes College for the Training of Physically Handicapped Adolescents. Two returned to ordinary schools and one was found to be more suitable for a school for educationally sub-normal pupils and was transferred.

" As a result of these changes, the classes had to be re-adjusted but the curriculum and general plan of work was not greatly altered. All the girls over 13 years of age who could benefit from such instruction attended lessons in Housecraft at Broughton Tower Practical Subjects Centre.

" The year 1957, was especially busy for the guides, it being the centenary year of guiding. To celebrate this a special Thinking Day Service was held at Kepplewray, on 22nd February, the service being conducted by the Rev. R. H. Pickering, curate of Ulverston, and was attended by the Divisional Commissioner, guiders, the village guides and parents. Another celebration was the Centenary Guide Rally at Blackpool. This was attended by the guides, who travelled by coach along with the village guides and parents, the weather being perfect for the occasion. It was a memorable day for all the girls, who although not able to take part in the activities, were most impressed by the display and realised the importance of being a Guide.

" The Rotary Club of Barrow-in-Furness, were very kind to us, providing transport for the children to attend Chipperfield's Circus in Barrow-in-Furness. In July we had the annual outing to Bowness and sail on Lake Windermere and although the weather was not so kind to us as usual, a very enjoyable day was spent. In December, the Rotarians again provided transport to Ulverston for the children to attend the production of " The Silver Curlew," presented by The Outsiders Dramatic Society. There were also film shows provided by the British Railways and the R.A.F. Association, Ulverston.

" During the autumn term, visiting was curtailed owing to the prevalence of Asian 'Flu. We had a very mild epidemic of colds but no cases of serious illness occurred.

" Two of the girls were confirmed at Broughton Parish Church by the Bishop of Penrith.

" The year closed with the usual Christmas Party and the girls entertained the visitors with a programme of carols, songs and a play in which 13 children took part. This was during the absence of the head teacher and was arranged by Mrs. G. E. Cornwell. Then there was packing of cases ready for home, four girls packing for the last time. Two of the girls had been with us from the first year of the school opening."

Miss M. Johnson, physiotherapist, reports as follows :—

" Thirty-seven children received physiotherapy at the school. Five new children were treated, these were suffering from cerebral palsy and post-poliomyelitis paralysis. Three of the cerebral palsied children were severe types, two being unable to do anything for themselves and one though able to stand with aid, extremely athetoid. The children will need intensive physiotherapy treatment.



A group of boys at Bleasdale House Special School.



Broughton Tower. The new classroom block.



Broughton Tower. An impromptu game of cricket.



A picnic in the extensive and beautiful grounds at Broughton Tower.



Keppleway. A game in the garden.



Keppleway. One of the classrooms.

“ The 24 children with cerebral palsy have made some progress, the rest definitely have improved with the exception of those children suffering from muscular dystrophy.

“ In all 36 children were treated in a total of 2,304 treatments.”

The following is a summary of the diagnoses of the 43 girls at the school during the year 1957 :—

Cerebral palsy	...	...	...	...	...	25
Congenital heart disease	...	...	...	...	...	2
Poliomyelitis	...	...	...	...	...	2
Fragilitas ossium	...	...	...	...	...	2
Still's disease	...	...	...	...	...	1
Recto-vaginal fistula	...	...	...	...	...	1
Cerebral palsy and hydrocephalus	...	...	...	...	...	1
Amyotonia congenita	...	...	...	...	...	2
Mitral stenosis	...	...	...	...	...	1
Spina bifida	...	...	...	...	...	2
T.B. dorsal spine	...	...	...	...	...	1
Congenital osteogenesis imperfecta	1
Infantile myelopathy	1
Recto-vesical fistula	1
						—
						43
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The speech therapist, Miss Paull, reports as follows :—

“ During the year 14 girls received speech therapy, 10 with cerebral palsy and a degree of speech defect requiring weekly treatment, and the rest with only slight speech difficulty for which monthly treatment was found to be sufficient.

“ Of the cases of cerebral palsy, one with athetosis is notable in that she is the first child admitted to this school virtually anarthric, or without any comprehensible speech. However, having settled down to the school routine of education and therapy, she has been stimulated to attempt many sounds and a limited amount of speech.

“ Regular tape recordings were made with all the girls, and with the exception of one case of cerebral palsy with a low intelligence, all the children were found to be making progress towards more normal speech.”

Singleton Hall.

The following is a joint report of the matron, Miss L. E. Cooper, and the head teacher, Mr. J. H. Fortescue.

"During the year seven new boys were admitted to the school, five of whom were transferred from Bleasdale House. One boy was re-admitted following a serious operation and later in the year left to take up training at the Queen Elizabeth Training College for the Disabled at Leatherhead. Two other boys who left also went to Leatherhead, one other boy was transferred to a normal school and two went to their own homes.

"As the general intelligence level continues to be below the average in an ordinary school, the work of the school has once again been one of consolidation of the basic subjects, tuition being mostly of an individual nature. One spastic boy who was admitted for a trial period was unable to speak or walk and had been considered ineducable. He has settled down very well indeed, is now able to walk about the house quite unaided and is well above the ineducable level. The arts and crafts side of our work has again been worth while and very good results in art, woodwork and basketwork have been achieved. Several boys embroidered table cloths as Christmas presents and considering their disabilities did exceptionally well.

"Through the good offices of the Lytham Rotary Club, pottery was introduced to a selected number of boys. During the summer term, eight boys attended a weekly pottery class at the College for Further Education at St. Annes. This innovation proved a great success and it is hoped that eventually we may be able to have regular instruction at Singleton Hall. The gardening class continues to be popular and two of the boys who left are taking a training course for gardening at Leatherhead.

"The high spot of the year came in May at the beginning of the Summer Term when we were able to occupy our new classrooms. Great interest had been taken in each step of construction from the preparation of the ground to the last coat of paint. It was strange at first, but the psychological effect of 'going to school' was soon apparent. The extra rooms at our disposal in the main building have proved a tremendous advantage. The senior boys have their own common room which they greatly appreciate and thoroughly enjoy and we now have a large playroom and a hobbies room which afford ample space for all indoor interests and amusements.

"Social activities continue to be many and varied. We have made new friends but the Lytham Rotary Club and the R.A.F. personnel at Weeton Camp continue to be very loyal and generous in all that they do for us. The outings and parties which they give to us have come to be looked upon as annual events. The Poulton Amateur Dramatic Society gave the boys a very happy day at Chester which included a visit to the zoo and a steamer trip on the River Dee.

"The Parents Fellowship have organised two big efforts during the year: one in June for their own funds and one in September for the scouts towards scout headquarters in the grounds. We do appreciate the happy co-operation of the parents. We know that a new television set is on the way as our first projector model is now giving poor reception. Stars from the Blackpool shows, Bob Monkhouse and the Tanner Sisters opened these special events for us and were popular visitors with the boys.

“ News of old boys is always of interest to us and many of them have been over to see us during the year. Since September, 1952, 14 boys have found employment and are holding their jobs. The boys still at the training colleges appear to be happy and reports of them are good. We are hoping to arrange a periodical ‘ news-letter ’ for distribution to the old boys so that we may keep in touch with them as closely as possible.”

The following is a summary of the diagnoses of the 41 boys at the school during 1957 :—

Cerebral palsy	...	...	...	...	...	19
Pseudo hypertrophic muscular dystrophy	...	...				6
Poliomyelitis	...	...	...	...	...	2
Haemophilia	...	...	...	...	...	3
Congenital heart disease		...	...	...	...	1
Spina Bifida	...	...	...	...	...	1
Congenital talipes equino varus		...	...	...	...	1
Electrical burns, hands and forearm	...	...	...	...	...	1
Congenital amyotonia	...	...	...	...	...	1
Fragilitas Ossium	...	...	...	...	...	1
Tuberculous Hip...	...	...	...	...	...	1
Congenital shortening of tendons of hamstring muscles	...	...	...	...	...	1
Cerebral palsy and hydrocephalus	...	...	...	...	...	2
Mitral stenosis	...	...	...	...	...	1
						—
						41
						==

The speech therapist, Miss Paull, reports as follows :—

“ During the year 12 boys, between the ages of 11 and 16 years, and all cases of cerebral palsy, received speech therapy. Three boys had such a severe speech defect as to render them almost unintelligible. In particular, one boy, at the younger end of the age group, with athetosis, that particularly affects his speech, has during the year only learned to produce at will a few sounds and odd words. However, as he had had no previous therapy prior to his entrance to this school, it is felt that considerable improvement is possible in the five years left of his school life, particularly in the light of experience with previous cases, where regular treatment over a number of years has resulted in at least comprehensible speech.

“ Tape recordings show that, with the exception of one or two cases, these older boys are anxious to improve their speech to the maximum in view of the prospect of leaving school to go to a training college or, where possible, entering employment.”

Epileptic Pupils.

“ Most children suffering from epilepsy are able to attend an ordinary school because their attacks are adequately controlled by medical treatment or they may not occur in the daytime. Only those children whose symptoms, in spite of treatment, prevent them from receiving their education in ordinary schools, need to be admitted into a special school.

Sedgwick House.

The Committee opened Sedgwick House in 1951 as a special residential school for epileptic pupils. All epileptic children in the County who need special education of this kind attend the school, except a few who have been in other schools for long periods and whose transfer was considered to be inadvisable.

Reports follow from the school medical officer in clinical charge of the children, the matron and the head teacher :—

Dr. F. Simm, the school medical officer in clinical charge of the children, reports as follows :—

		No. of Admissions.		No. of Discharges.		No. on Register at 31st December.
1955	...	21	...	8	...	44
1956	...	11	...	9	...	46
1957	...	20	...	19	...	47

“ It will be noted that the number on the register has progressively increased during recent years and that even though the number on the 1st December was 47 the total number who had actually been in attendance during the course of the year was 66. It is this increased ‘ turnover ’ which is of more significance. In general it can be said that the school is running to capacity with about 50 children in actual attendance at any one time and admissions are now dependent on discharges.

Age on Admission of Pupils admitted during 1957.

Under 6 years	...	...	...	—
6 years	...	...	...	1
7 years	...	...	...	1
8 years ...	...	...	...	2
9 years ...	...	...	...	1
10 years	...	...	...	5
11 years ...	...	...	...	5
12 years	...	...	...	1
13 years and upwards			...	4

“ The average age of the children on admission was 10.4 years. The importance of earlier admission cannot be over emphasised and experience at Sedgwick House, suggests that the earlier intensive treatment is commenced, the greater the chances are of establishing control and returning the child to a normal home life.

“ Continued use was made of the facilities for electroencephalographic investigation at Whittingham Hospital and of the services of the pathology department at Westmorland County Hospital. Appreciation is expressed to the staff of these departments for their willing and courteous co-operation at all times.

“ The number of medical inspections and examinations were as follows :—

Total Number of Periodic Inspections	...	58
Number of Special Inspections	...	248
Number of Re-inspections	...	93

"In addition to treatment of defects found at periodic and special inspections approximately 250 miscellaneous minor ailments received attention. During September, there was a small outbreak of chicken pox affecting seven children. During the general influenza outbreak in October, 28 cases were diagnosed at Sedgwick House. The comparatively small percentage of children involved, taking the year as a whole, and their uneventful recoveries says much for the careful nursing of the actual cases and for the attention devoted by the staff towards the maintenance of the general health of all the children in this confined community. Illnesses of a more serious nature included status epilepticus (5), diabetes (1), asthma (1).

"The high immunity state of the children against diphtheria has been maintained, where necessary by booster doses. All children within the eligible age limits whose parents consented were vaccinated against poliomyelitis.

"Work in recent years on psychomotor, or temporal lobe, epilepsy has enabled certain cases coming within this group to be distinguished from other cases at Sedgwick House. Symptoms are quite distinct from the psychological disturbances and behaviour problems which are generally accepted as an inevitable part of the epileptic temperament. Psychomotor epilepsy is a form of epilepsy in which inco-ordinated motor activity and psychosensory phenomena occur either in association with an obvious epileptic attack or else as the only manifestation of disturbed cerebral function. At the present time psychomotor epilepsy is believed to account for more than half the cases in Sedgwick House. The following instance is illustrative of this group:

"This child was admitted to Sedgwick House in September, 1957, having been excluded from attendance at an ordinary school as a result of her behaviour. The home conditions were good in this case and there was nothing relevant in the family history. The age of onset of epilepsy was eight years and she was originally investigated for what were described as 'night terrors.' She was said to express various morbid fears and there appeared in addition to be what were probably attacks of true petit mal. At this time her work at school had deteriorated and she was very aggressive and difficult with irrational conduct.

"An electroencephalogram at that time suggested the probability that this was a temporal lobe epilepsy. Her condition deteriorated and she was admitted to a specialised neurosurgical unit for further investigations. It was then found that the condition was arising from both temporal lobes and that, therefore, there was no prospect of surgical intervention. The giving of routine anti-convulsants was the only treatment possible.

"Following admission to Sedgwick House she had approximately five attacks of true petit mal and 40 'screaming' attacks during the first five weeks. These latter attacks occurred both during the day and also at night and lasted only about three minutes after which she would resume her normal activities.

"Various combinations of anti-convulsants were given during the initial period without effect but fortunately after a complete change of therapy she had had no clinical seizures at all during the last six weeks and although she continued to be irritable and somewhat garrulous there was a continued improvement in this respect also.

"The general physical condition of pupils at medical inspections showed that four out of 58 (6.9 per cent.) were classified as 'unsatisfactory.' As in previous years this is higher than the corresponding figure for ordinary schools."

The following table relates to children who attended Sedgwick House at any time during 1957. In compiling this table the patient's previous record of incidence and severity of seizures was used as a control.

Effect of Treatment on Epileptic Children attending Sedgwick House during 1957.

Type of Seizure.	Controlled. (No seizures)	Much Improved.	Improved.	No Change.	Worse.	Total.
Grand Mal	1	—	—	1	—	2
Petit	7	1	2	7	2	19
Mixed (Grand Mal and Petit)	7	6	8	14	2	37
Total	15	7	10	22	4	58

" Response to treatment, as shown by the above table, has again been very encouraging and in all just over 55 per cent. of the children have improved during the year, this being a slight increase over last year. It is again pointed out that a number of those children in whom no change has been recorded are stabilised on treatment. Inevitably there will continue to be a nucleus of children whose prognosis is not good and for whom little improvement can be expected.

" In conclusion it is very satisfactory however to report, that just over 22 per cent. of all pupils who have attended Sedgwick House during 1957 have been discharged as being controlled."

The following is a joint report by the matron, Miss J. Sharp, and the head teacher, Mr. D. W. Norton :—

" During 1957 the roll rose from 46 to 47, there being 20 admissions and 14 discharges.

" Of the 14 children discharged, eight were transferred as being ' controlled ' cases to normal schools ; two assessed as ' ineducable,' one boy recommended for technical training and since admitted to a boarding technical school and two were withdrawn by their parents.

" We heard with regret that the other boy sustained a fatality while at home on holiday.

" The children admitted, 20 in number, varied in age and ability but on the whole were of somewhat higher average mental capacity than children admitted previously. There remains, however, a residue of children of very low capacity, particularly in the preparatory group, and also a few who may need psychiatric investigations to help solve their difficulties—and ours. It is recognised that where at all possible handicapped children should be retained in normal school and reside at home. This means in practice that our newcomers are often the misfits either in their home or at their previous schools, or both, and this presents a challenge. It also lays a special burden on the house staff and in the out-of-school activities where behaviour problems common to disturbed children can be prevalent. A warning note of this character may forestall any undue hope of 100 per cent. success from Sedgwick House. On the other hand, it can be said that there are encouraging reports of those children who have been transferred to normal schools.

“ There were no school leavers on account of age during the school year but the problems of employability and further training will arise in 1958 and subsequently later for several at present in school. We are able to report that the girl who was enrolled as a student in the commercial training course at Lingfield Epileptic Colony has recently been awarded a first-class R.S.A. certificate in typing and is taking a further examination shortly. Contact is maintained with several of the leavers by correspondence and some have been able to visit us.

“ The organization of classes remains as before with two groups for boys, a girl's group and a mixed preparatory group. There have been no radical changes in the general activities except for the inauguration of a Scout group in collaboration with Mr. Young of Starnthwaite School, the County Commissioner.

“ Activities and outings included :—

“ The summer excursion on Windermere, a picnic at Rampholme, a tour of Barrow Docks by courtesy of the British Transport Commission who kindly arranged a diving display for the children and later, tea on Walney Island.

“ The children's Sports and Re-Union in June ; films of varied character.

“ Visits to Starnthwaite School's Boxing Tournament and to Oxenholme Signal Box, Cricket and Football matches with Milnthorpe School and Dr. Barnardo's Home at Barrow's Green, also Badminton and Table Tennis.

“ The Sale of Work resulted in a splendid response from staff, children, parents and local residents.

“ The monitorial system continues and is a factor in fostering responsibility among several of the senior children who prize the posts and appropriate badges. Mrs. Seddon takes the girls' group for cookery. She also supervises Country Dancing and has introduced the Staveley Folk Dance Group to join the children in several lively and enthusiastic dance meetings.

“ Several members of the staff attended the Special Schools' Association meeting at Singleton, on 9th November. The meeting of head teachers of our own residential special schools held at Bleasdale House to discuss common interests was valuable and further meetings would be appreciated.

“ The County Library regularly renews an ample supply of books which are being freely used.

“ Miss S. Bateson, S.R.N., deputy matron, resigned in September on her marriage to Dr. D. Dingle, of Crewe, and she has our best wishes for her future happiness.

“ We were awaiting eagerly the construction of the proposed new schoolroom block and hope that during 1958, it will be ready and in use. There should be definite advantages to both School and House sides in concentrating on their respective tasks within their own premises while being able to maintain the necessary co-operation.

“ In conclusion it is felt that the year's work and progress were encouraging on the whole and we look forward to 1958 as offering a further opportunity to promote the welfare of the children at Sedgwick House.”

Arrangements on reaching school leaving age.

Mr. Norton has kindly supplied the following report :—

“When pupils reach the age of 16 while at school the procedure is as follows. Reasonably early in the final term the local youth employment officer is notified and furnished with a confidential school-leaver's report together with the appropriate medical assessment. The matter is discussed also with the parents, if possible, on a school visiting day. The child is interviewed in Kendal or at the school by the youth employment officer, the headmaster holding a watching brief so that all relevant factors or considered recommendations may be put forward on the child's behalf.

“In due course, the information is forwarded by the Kendal youth employment officer to his colleague in the child's home area.

“Sometimes recommendations for further training are suggested on the leavers' reports.

“It will be appreciated that placing these children in suitable employment or gaining a training vacancy for them at one of the few Ministry of Labour or independent courses, is difficult. The children retained until the age of 16 are those whose treatment has been protracted or complicated by ancillary factors. It is to be noted also that these cases almost invariably have a family history presenting emotional or other problems such as chronic alcoholism and parental estrangement and the children thus often have in addition to their specific handicap other handicaps of a different kind. It is not surprising, therefore, that the youth employment officers concerned with the individual cases sometimes have great difficulty in placing these children, even when they are seemingly employable and inevitably there is some delay in placing them satisfactorily.”

The speech therapist, Miss Paull, reports as follows :—

“Fourteen children resident at this school were found, during the year, to be in need of speech therapy. Arrangements have been made for one boy, with a repaired cleft-palate and consequent rhinolalia, to receive regular weekly treatment. The others, three girls and 10 boys, who, with the exception of two cases of stammering, suffered from dyslalia, or mild defects of articulation, received treatment as often as possible, and at least once a month. Where the intelligence of these children was reasonable, some improvement was noted, but several of the children had the added handicap of mental retardation ; progress towards normal speech with these children was consequently very slow.”

Maladjusted Pupils.

The child guidance clinic is an essential feature of the treatment services which should be available for children, once they have developed serious maladjustment. In view of the general difficulty in recruiting trained staff it is satisfactory that in the County area the Committee's three clinics have been maintained. Each clinic has a psychiatrist as medical director and all have been fully staffed, with the exception of that at Huyton where we are still without the services of a psychiatric social worker. The children treated at these clinics continue to attend school. Whilst the vast majority of these children are referred directly by the school medical officers a certain number come from the magistrates courts, children's officers, family doctors, hospitals, parents and psychiatrists.

Some seriously maladjusted children can only be satisfactorily treated away from their home environment and most of these are placed in special schools or hostels. A number of County children for this reason are admitted to special residential schools administered by other bodies. The Committee's boarding home, "Brynbella," where the children reside but attend day schools locally, is giving excellent service in this way. Reports follow from the psychiatrists in charge concerning the home and all three clinics.

The following is a report from Dr. Maria Dale, the psychiatrist who supervises the treatment of the boys in the home :—

"In the autumn of the third year after the re-opening of Brynbella, a house mother and house father were appointed in addition to the existing staff of warden, matron and deputy warden. This enabled us to admit more boys so that there were 18 boys resident at the end of the year.

"Although it was not possible to appoint a psychiatric social worker solely for the work with the parents, I am pleased to report that the three psychiatric social workers who work in the County child guidance clinics have taken on this duty in addition to their clinic work. This involves seeing most of the parents either in their own homes or in the Whitefield clinic at regular interviews. As two of the psychiatric social workers work with me in the Whitefield clinic, the team is now intimately connected with the work in the Hostel. This is not only invaluable but has become necessary through the increase in the number of resident boys. I am grateful to my co-workers Mrs. Cottrill and Mr. Sanctuary and to Miss Pugh for this willingness, especially as this special work not only entails more effort but needs special skill in dealing with particularly difficult, disturbed and often unwilling parents.

"As the number of boys in the hostel increased, I had to make arrangements so that each boy is now being seen every fortnight instead of every week and the interviews take place partly in the clinic and partly in the hostel. The average age for admissions is lower now than during the two previous years. This will enable us to achieve a satisfactory result in treatment in a shorter time and more children will be able to benefit from residence in the Hostel. A different approach to the individual child had to be adopted because more neurotic than delinquent children were admitted, children whose emotional development had been severely disturbed by parental rejection or by the death of their mothers.

"We have enjoyed the co-operation of the local schools and most of the boys made scholastic progress, and, while improving generally, grew in their ability to use their innate gifts and intelligence. This development has also shown up in some psychological re-tests which were carried out by Mr. Love, psychologist and his successor, Mr. Merritt."

CHILD GUIDANCE CLINICS.

Huyton.

Dr. Louise Devlin, psychiatrist, reports on the Huyton child guidance clinic as follows :—

"The number of attendances at both psychiatric and psychological interviews was lower unfortunately than in 1956. This has largely been due to the influenza epidemic and to illness amongst the staff, and to the fact that it is not possible to have a home visit done before the diagnostic interviews as there is no psychiatric social worker. This visit usually brings to light any resistance on the part of the parent to visiting the clinic. If the parent is unlikely to

attend, or if through illness a cancellation has to be made, the psychiatric social worker is in a position to select another mother, who is able and willing to come at short notice. In this way a great deal of wastage of time is avoided. It is, however, on the treatment side of the work that the lack of a psychiatric social worker is most seriously felt, as the psychiatrist must then see the mothers regularly as well as the children.

"The number of cases seen by the psychologist during the year was 182, of which 31 were seen as part of the general diagnostic procedure. Several children were seen at the beginning of the year in connection with the selection of suitable pupils for the Albert Hambleton Day School for Educationally Sub-normal children, while others were seen in the Atherton area for the new day school there. The psychologist saw 15 children in special schools for the physically handicapped and also 11 children at the Walton-le-Dale Reception Centre. These statements do not give much indication of the amount of time spent by the psychologist as this is a widely scattered County area, and a great deal of travelling is involved.

"Many of the children referred to the psychologist as being backward at school turn out to have average or sometimes above average intelligence, although they are very retarded in reading. Such children are not suitable for a school for educationally sub-normal children, but often respond very well to individual remedial help in reading. This cannot always be given by the school owing to large classes, shortage of teachers, etc. Moreover, many of these children have some slight degree of emotional disturbance, which is sometimes one of the causes of their retardation, and receive more benefit from individual help rather than from the methods used in special classes. The psychologist does take on a small number of such children for remedial help in reading at the clinic but the number which can be catered for in this way is very small. There is, however, quite a large number of children in the district who would be able to benefit if such help were available and it may be that the appointment of a remedial teacher would help in tackling this problem. Such a teacher could travel to the various clinics in the area and see individual children or small groups from the different districts.

"In contrast to the year 1956—when only a few behaviour problems were seen—over half of the new cases seen by the psychiatrist this year were behaviour problems, *i.e.* children referred for stealing, truancy and also because they were beyond the control of their parents. Most of the children in this group proved to have marked hysterical personality trends, so that the outlook for treatment is not good owing to the fact that the hysteric usually has little capacity for deep feeling. We have also seen two children at diagnostic interviews who showed greatly diminished guilt-feeling, a characteristic of the psychopathic personality. One of these two children, who was a girl aged 10 years of rather dull intelligence and from a very insecure home background, was referred from the juvenile court after stealing. She was placed in the care of the County Council, and we were fortunate in securing a vacancy for her in a boarding school. This seems to have suited her needs very well as after one term there she seems happier and shows a somewhat better social adjustment.

"Once more we are very grateful for the great help and support which we continue to receive from the divisional medical officers and their staff and from the staff of the Education and Children's Departments."

Preston.

Dr. Devlin also reports on the Preston clinic.

"The number of children seen for diagnostic interviews is somewhat less than in 1956, while the amount of work done on the treatment is about the same.

"We were very sorry to lose the services of Mr. Love, our educational psychologist in June of this year. His work in this clinic, in the school clinics, and in the schools, was greatly appreciated. His successor, Mr. Merritt, was fortunately, able to take up his duties here within a few weeks of Mr. Love's departure.

"During the year, in addition to their work in this clinic, and the routine tests carried out at the request of the school medical officers, the two psychologists have administered intelligence tests to 19 children in special schools, and to 74 children in the reception centre, Walton-le-Dale. In both the special schools and the reception centre, the staff have expressed the view that they would very much appreciate further help from the other members of the clinic team. We very much regret that, on account of the fact that our clinic staff is small, it has not been possible to accede to their requests.

"As noted in the report on the Huyton Child Guidance Clinic, many children attending the clinic for assessment are in need of remedial teaching but it is only possible for the psychologist to accept a small number of these.

"Fifty-two children have been seen by the psychiatrist at diagnostic interviews: of these, 20 were referred as behaviour problems, the others presenting such symptoms as acute fears, and habit disorders, *i.e.* enuresis and stammering. It must always be remembered, in psychiatric work, that the symptoms give no clue to the nature of the child's illness.

"Two very serious cases were seen at diagnostic interviews—both having been referred to us too late for us to be able to help them as much as we would have wished. It is particularly sad that, in both cases, the parents are very intelligent people, but did not, unfortunately, have enough insight to press for their children to have psychiatric help at an earlier date. One is a boy of nearly 15 years, an adopted child, of superior intelligence, who had been expelled from a grammar school some months before we saw him, owing to serious behaviour difficulties. Our efforts to secure a place for him in a school for maladjusted children have failed and the outlook for him is not good, owing to his poor capacity for forming good personal relationships. The other, a girl of 15 years, who was attending a grammar school when we saw her, had made one serious attempt at suicide, and was very depressed. Her relationship with her mother was very bad from both points of view, and it is quite possible that if this problem had been tackled earlier, things would never have reached such a serious stage.

"The lack of a psychiatric in-patient unit for children and adolescents continues to be a serious problem in Lancashire, and we are still subject to the distressing necessity of sending children who need care of this kind to the Midlands and the South of England. It is quite lamentable that this state of affairs should be allowed to continue. Even when the psychiatric in-patient unit at Booth Hall Children's Hospital, Manchester, begins to function—as we hope it will during 1958—the six beds planned for this unit are not likely to be adequate for the needs of the region."

Whitefield.

Dr. Maria Dale, psychiatrist, reports on the Whitefield child guidance clinic as follows :—

“ At the beginning of the year I was able to take on the directorship of the clinic and I can report with satisfaction that the clinic was functioning with the ordinary routine.

“ The clinic was fully staffed during the year, but the educational psychologist moved to Yorkshire and resigned at the end of the year in order to take up a position in a clinic nearer to her home. We started with a great handicap due to the unfortunate circumstances of the year before and the waiting list had become formidable with a long waiting time for the first examination. For several months during this year I was fortunate in having the additional services of an educational psychologist for one session weekly so that I could see six new patients a week instead of four which had been the usual number. One hundred and eighty-nine patients could be seen for first examinations and full investigations ; of these 104 were found suitable for treatment. The waiting list and the waiting time for examination were markedly reduced. Inevitably, of course, the waiting list for treatment increased in size.

“ On the whole, the cases referred are well chosen and suitable for this clinic and there is a good balance of cases needing diagnosis only and those requiring treatment.

“ During the year a few psychotic child patients were seen for whom hospital accommodation had to be found. This at present is one of the most difficult tasks. Very few hospitals are equipped for mentally disturbed child patients and the few which have a juvenile department have an age limit of 11 years for admission. The same principle applies now for most residential schools for maladjusted pupils, because experience has shown that one can help those most who are young and whose emotional disturbance has not become part of the patient's character formation but is still on the level of habit or behaviour disorder.

“ For clinic treatment our aim is also to see the children at an early age ; not only does the child respond more quickly to our approach but the mothers can “ unbend ” more easily. If, however, the unhealthy relationship has become ‘ second nature ’ a change is hardly possible. Not infrequently do we come across such conditions in parents when, after attending the clinic for some time the mothers arrive at the limit of their capacity to co-operate. Yet the children, sometimes (from 12 years upwards), are able to continue their treatment alone. Through psychological treatment the children develop new patterns of behaviour and are enabled to adjust themselves to their homelife, their living conditions and their school environment.”

The following is a summary of the work done at the three clinics in the county area during 1957 :—

Number of Pupils.	Huyton.	Whitefield.	Preston.	Total.
Referred	240	194	347	781
Withdrawn from register	4	79	4	87
Given diagnostic interview	31	189	52	272
Found suitable for Clinic treatment ...	20	104	36	160

Number of Pupils.					Huyton.	Whitefield.	Preston.	Total.
Unsuitable for Clinic treatment	...				11	85	16	112
Attended for treatment	...	...			30	55	37	122
Treatment completed	...	...	...		14	52	22	88
Much improved	...	...	...		4	16	10	30
Improved	...	...	...	...	4	26	7	37
No change	...	...	...	...	6	10	5	21

Speech Defects.

Speech therapy was carried out by 16 speech therapists, three of whom were part-time, and the number of clinics has been increased from 43 to 49.

We now have an extensive speech therapy service and it is satisfactory that it has grown so steadily during the past few years. There are no large gaps and each year sees the opening of additional clinics.

Experience with children who are in need of speech therapy shows very clearly that many factors are involved in its causation and certainly in its treatment. The wise therapist endeavours first of all to establish a good relationship with the parent but there are others who may be closely concerned. The school nurse, the teachers at school and the teachers of the partially deaf may all have a part to play and in view of the frequent presence of emotional factors the psychiatrist can sometimes give invaluable help. All the therapists, therefore, at sometime visit the schools and occasionally the homes of the children, in this way obtaining a fuller picture of the child's problems. They enjoy their contacts with schools because teachers are keen to co-operate and can help so much in rendering treatment effective.

The reports of the speech therapists are full of interest and contain records of a happy culmination to treatment where there have been difficulties of many different kinds. There was, for instance, the boy with the stammer who failed to gain entry to a grammar school at the usual age but did so later during the course of speech therapy. His mother in the early stages was unable to hide her disappointment at his academic failure yet later her attitude had so changed that she was anxious to tell the therapist how well he was progressing and that after only two terms he was form captain. On discharge the boy spoke fluently and, like so many, with a new assurance.

Then there was the seven year old boy, also a stammerer and with a defect in articulation as well who, undoubtedly as a result of his most difficult home environment simply did not speak at all in company with others. For the first two months of treatment he did not speak a word to the speech therapist though he played intelligently. Through a long period of resistance to treatment patience was finally rewarded, he became more friendly and talkative and was in time discharged cured. His mother described him as a different boy and very happy at his school.

An unusual case was a 12 year old boy whose speech mechanism was sadly disorganised amongst other things as a result of a head injury. In a case like this it is of the utmost importance that the morale should be sustained and the patient efforts of the therapist in teaching the boy how to use, once again, the muscles of lips, tongue and soft palate to produce speech have had encouraging results and his speech is gradually improving.

One therapist makes the particularly interesting point that a mongol who attended for treatment made excellent progress.

The tape recorders have been used widely and are greatly appreciated. Perhaps they are of most value to dyslalic patients (those with articular defects) of normal intelligence. They quickly recognise their voice and can pick out the defect of speech.

A speech therapist often notices improvement in a patient before the mother does.—“ By playing old recordings I was particularly interested to see the mother's reaction. So often she said, ‘ Oh, I'd forgotten how bad ’ he or she was. To be able to convince the mother of improvement is an added advantage in fostering her co-operation and a spur to further efforts on her part.”

The following is a summary of the work done at the various centres :—

Clinic.	No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Accrington	23	6	3	—	—	14
Ashton-in-Makerfield	35	8	1	1	5	20
Ashton-under-Lyne (Richmond House) ...	91	3	—	—	19	69
Audenshaw	17	—	—	—	1	16
Bromley Cross	9	—	—	2	—	7
Chadderton	10	—	—	—	—	10
Chorley (St. Thomas' Square)	70	13	1	8	8	40
Crosby (Alexandra Hall)	36	3	—	7	11	15
Crosby (Prince Street)	50	8	1	11	3	27
Darwen	44	5	4	—	1	34
Davyhulme	78	17	3	8	26	24
Denton	59	—	—	—	9	50
Droylsden	44	1	—	1	3	39
Earlestown	21	1	2	1	4	13
Eccles (Hyde Lodge)	54	6	4	—	7	37
Fleetwood	35	2	2	—	4	27
Golborne	11	2	1	—	—	8
Haydock	13	2	—	3	3	5
Heywood	76	8	18	11	6	22
Horwich	6	—	—	—	—	6
Huyton (Fairclough Road)	53	6	2	7	7	31

Clinic.						No. attending for treatment.	Discharged cured.	Discharged improved.	Treatment suspended.	Ceased attendance.	Still attending.
Ince	...	...	...	...	...	65	9	3	3	8	42
Kearsley	...	...	...	...	...	21	2	—	—	5	14
Kirkby	...	...	...	...	...	69	13	3	2	2	40
Kirkham	...	...	...	...	...	20	—	1	—	—	19
Lancaster	...	...	...	...	...	33	3	4	4	1	21
Leigh (Stone House)	...	...	...	...	...	55	13	4	—	2	36
Litherland (Sefton Avenue)	...	...	...	...	...	42	4	1	11	9	17
Little Hulton	...	...	...	...	...	20	—	—	9	—	11
Lytham St. Annes (Bath Street)	...	...	...	...	...	28	3	—	3	2	20
Lytham St. Annes (Public Offices)	...	...	...	...	...	18	3	1	—	4	10
Maghull	...	...	...	...	...	24	3	—	7	2	12
Middleton (Durnford Street)	...	...	...	...	...	108	14	13	6	8	67
Morecambe	...	...	...	...	...	14	4	—	1	—	9
Mossley	...	...	...	...	...	24	—	—	—	—	24
Nelson (Carr Road)	...	...	...	...	...	31	4	1	—	2	24
Ormskirk	...	...	...	...	...	39	4	1	4	6	24
Preston	...	...	...	...	...	60	14	8	2	10	26
Ramsbottom	...	...	...	...	...	25	2	—	—	3	20
Rawtenstall (Kay Street)	...	...	...	...	...	26	3	2	—	—	21
Stretford (Old Trafford)	...	...	...	...	...	20	4	2	4	3	7
Stretford (Mitford Street)	...	...	...	...	...	43	4	3	9	15	12
Stretford (Lostock)	...	...	...	...	...	37	9	1	7	10	10
Swinton (Victoria Park)	...	...	...	...	...	77	12	4	9	30	22
Thornton Cleveleys	...	...	...	...	...	30	3	1	—	8	18
Tottington	...	...	...	...	...	31	—	—	—	5	26
Whitefield	...	...	...	...	...	47	14	2	11	6	14
Widnes (Kingsway)	...	...	...	...	...	65	13	2	—	5	45
Winwick	...	...	...	...	...	12	—	1	4	1	6
Total						1,919	248	100	156	273	1,142

In addition 57 physically handicapped pupils attending the Bleasdale House, Keppleway, Sedgwick House and Singleton Hall Residential Special Schools received treatment for defects of speech from one of the Committee's speech therapists.

Educationally Sub-Normal Children.

During the year 384 pupils were found, on examination, to be educationally sub-normal and to require education in special schools. This work is mainly the responsibility of the school medical officers, who must be approved for the purpose by the Ministry of Education. Some are assisted by the educational psychologists who work in the child guidance clinics and occasionally when a decision is very difficult the child is referred to one of the psychiatrists in the service. The names are finally handed on to the education department.

Ineducable Children.

During the year 125 children were found to be ineducable under Section 57 of the Education Act, 1944, and in regard to 44 children during their last year at school it was considered that they might be in need of supervision after leaving school.

ANNUAL REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1957.

The Principal School Dental Officer, Mr. L. B. Corner, reports as follows :—

General.

Whilst no major change occurred in the School Dental Service in the County during 1957, the same pattern which has been appearing in Local Authority Services throughout the country became noticeable in Lancashire, that is the diminution of numbers of full time officers, coupled with an increasing difficulty in recruitment.

In the 12 months under review four full time officers left the service. An analysis of the reasons for these resignations shows no deviation from what might be accepted as normal considering the number of dental officers in post, thus, one female officer retired for domestic reasons, one male retired for reasons of ill-health, one on age grounds and the fourth went to an Authority who offered housing accommodation. It has proved, however, impossible to make any full time replacements in three instances, and in the fourth an officer was appointed though he was only available for some six months. This loss of staff was a serious blow to the service, coming at a time when commitments, in the form of a rising school population and a greater demand for treatment of pre-school children, were on the increase. The universality of the problem of recruitment does not lessen its seriousness for throughout the country there is an increasing need and demand for dental treatment as school populations rise, and it is one of the most unfortunate features of conditions at the present day that many Local Authorities cannot carry out their dental programmes effectively due to inability to secure adequate numbers of staff.

It has always been accepted as a principle in the School Dental Service that annual dental inspection and treatment for those who elected to accept it was a minimum standard only and that every effort should be made to reduce the period to six months in order to increase the opportunity for the preservation of the children's mouths in a healthy state and to secure a reasonable standard of dental fitness. The inspection interval has steadily increased and now probably averages something in the order of two years, this is reflected in an increasing amount of time expended in the treatment of special cases (usually applications for the relief of pain). In the County in 1947, 12½ per cent. of all attendances were specials, but in 1957 this had risen to 25-per cent. A proper level of special cases in an average service should be maintained at something approximating to six per cent., but to attain this result there would have to be a substantial increase in the number of dental officers available.

Clinics.

A new clinic with a dental suite which incorporated two surgeries, X-ray dark room and laboratory accommodation was opened at Litherland in 1957. This clinic has up-to-date equipment and has allowed not only improved dental services to be given to the area but has enabled the orthodontist to see local patients at this centre, with consequent reduction in their travelling. The clinic replaces an old adapted building, and is a great step forward in the general improvement programme.

In the course of the last 12 months the number of centres at which X-rays are available was raised to nine. The number of Radiographs taken during 1957 was 1,444. The re-equipment of the old clinics was completed during the year except for some clinics which awaited adaptations or additions.

Following upon the completion of the survey of clinics and Maternity and Child Welfare Dental Services by Miss E. M. Knowles, F.D.S., Senior Dental Officer, Ministry of Health, a report was received from the Ministry of Health and the contents communicated to both the Education Committee and Health Committee. *Inter alia* the report commended the County Council on the improvement effected in clinic equipment and in the installation of x-rays as well as upon the future plans for buildings and adaptations.

Dental Inspection and Treatment.

The loss of staff experienced during the year is reflected to some extent in the returns of treatment. There was a reduction in the number of dental inspections carried out in 1957, the total for the year being 136,111 as compared with 157,396 in 1956, a similar pattern however followed the previous peak year of 1954 when 145,304 inspections were made followed by a return of 137,079 during the ensuing year. Some 140 fewer sessions were devoted to inspection during 1957. The gross acceptance rate rose from 57.47 per cent. in 1956 to 62.68 per cent. in 1957. Attendances of pupils for treatment were slightly down at 125,354 but in connection with this must be recorded a corresponding increase in attendances of maternity and child welfare cases at the clinics. The latter figures are given later in this report.

Five hundred and forty-seven dentures were supplied during the year but, as pointed out in previous years, this figure covers replacements as well as new cases. Eight hundred and twenty-five appliances were fitted at routine clinics for the correction of malposed teeth and this number is, of course, additional to those fitted at specialist orthodontic clinics.

The following table is given to show the type and amount, of treatment per 100 patients. It is of interest to note the comparative figures for 1951 and 1957; they show that 77 more appointments were given, 43 more fillings were completed, and 15.8 more extractions were carried out for every 100 patients in 1957 than in 1951. Of the operative treatment it is gratifying to see that fillings increased by almost three times the amount of increase in extractions. In addition to the general treatment outlined in the foregoing some 40 crowns and 15 inlays were also completed in 1957.

Year.	Attendances.	Permanent Teeth.		General Anaesthetics.	Other Operations.	Appliances.
		Fillings.	Extractions.			
1951 ...	163	47.90	34.08	65	38	0.51
1957 ...	229	90.94	49.95	65	52	1.51

Evening Sessions.

A further four clinics commenced the operation of evening sessions during 1957, bringing the total number to 10. The attendances at all evening sessions were maintained and they continue to fulfil a requirement in extending the availability of dental treatment.

Orthodontics.

Towards the end of the year Mr. Norman Wild, who was the first part-time Orthodontist appointed to the Committee's Dental Service in 1947, was appointed Consultant Orthodontist to the Manchester Regional Hospital Board, and it is understood that he will co-operate in the diagnosis and treatment of cases in Divisions 1 and 2 for which patients have previously had to travel to Preston.

The resignation of Mr. Mills, M.Sc., L.D.S., F.D.S., on his appointment this year to the Eastman Dental Clinic as a Consultant, was received with great regret. Mr. Mills has served the Authority in a part-time capacity since the 1st March, 1951, and has done much to help build the service. His place was taken by Mr. J. Angelman, L.D.S., H.D.D., R.C.S., who commenced duties in July, 1957.

The Orthodontic Service continued its work as in previous years and a total of 5,884 attendances at the nine centres now established were recorded.

The centres for orthodontic treatment have been developed considerably during the year by Mr. Pogrel, L.D.S., D.ORTH., R.C.S., opening weekly, fortnightly and monthly clinics at Widnes, Maghull and Haydock respectively. These new centres are, of course, of great help to patients in the surrounding areas as they had previously to make all their visits to Huyton and Waterloo.

The Orthodontists report as follows :—

Mr. Rowe, who attends at Preston and Failsworth, reports on improved methods in dealing with the construction of removable appliances, thus affording more time to see patients, with a consequent increase in the number of patients seen per session.

Mr. Rowe also makes reference to the possibilities for co-operation in coping with the orthodontic cases from the north of the County by the appointment of Mr. Wild, which has already been referred to in this report.

Mr. Hodgkins, who attends at Blackburn Clinic, in his annual report comments favourably on the co-operation of both patients and parents in notifying the clinic of inability to keep appointments. He continues : " It has been possible to keep the waiting list open, even though there is at least a 12 months wait for treatment."

A new scheme initiated this year is for all new patients referred for treatment to be seen for a preliminary examination as soon as possible, prior to being placed on the waiting list. This preliminary examination, which lasts about 15 minutes, has already shown good results. Early X-rays can be taken for later comparison and conservation treatment of important teeth suggested and also various

"habits" checked. One of the most important aspects of this early examination is that judicious extractions may be undertaken in some cases, with the result of a considerable shortening of the time required for appliance therapy when active treatment is started.

One unsolvable problem of this type of clinic is when a young patient has to travel a considerable distance for treatment and attend at regular intervals and must be accompanied by a parent. The problem presents itself when both parents are working and cannot always obtain leave of absence from their work.

The new X-ray machine was installed at the clinic this year and was in full operation in March. The advantages of an X-ray machine at the clinic are too numerous to mention, but its contribution to diagnosis and treatment will be most appreciated. The clinical attendant processes all the X-ray films and also classifies and mounts them."

Mr. Pogrel, who attends at Huyton reports as follows :—

"During the year, new Orthodontic centres were opened at Widnes and Haydock (previously treated at Huyton) and Maghull (previously treated at Waterloo). This has resulted in an impetus to the number of cases referred. A comparison of some of the Huyton figures for 1956 and 1957 shows a steady increase all round.

New cases	...	...	Huyton, 1956	...	...	...	...	94
New cases	...	...	Huyton, Widnes and Haydock, 1957	...	...	...	...	140
Completed	...	...	Huyton, 1956	...	...	...	...	70
Completed	...	...	Huyton, Widnes and Haydock, 1957	...	...	...	...	93
Discontinued cases...	...	...	Huyton, 1956	...	...	...	...	8
Discontinued cases...	...	...	Huyton, Widnes and Haydock, 1957	...	...	...	...	8

"New cases are those where active appliance therapy is to be commenced, and the new cases shown as "seen for inspection only" are those where the appliance would be fitted early in the new year. Thus all new cases are for active appliance therapy. Those seen for the first time during the year and treated by extractions only or deferred, are recorded in "Total Attendances" only.

"It is of interest to note that at the Huyton centre during 1955 when there was a long waiting list, the Dental Officers were reluctant to refer new cases and only 38 were referred during the year. During 1957, however, when the waiting list had been completed, some 174 cases were referred, of which 140 were accepted for immediate treatment and 34 were treated by extractions only or treatment deferred for various reasons. The tremendous impetus is a reflection of the keen interest which the Dental Officers have in the complete dental picture. The low level of "discontinued cases" is a reflection of the selection operated by the Dental Officers and Orthodontist to avoid wasted cases and hence wasted clinic time."

Mr. Angelman, who attends at Failsworth reports :—

"The facilities for extra oral X-rays provide a very useful aid to diagnosis and treatment planning.

"The improved surgery lighting in the clinic should prove helpful.

"Those patients passed on by Mr. Mills on his resignation have all been seen and there has been no break in the continuity of the treatment. The waiting list is a major orthodontic problem as cases deferred frequently increase in complexity which in time increases the difficulty and length of treatment. In addition such cases, if still under treatment at the end of their school careers, present very great problems in the continuation of appliance therapy during employment so that the earlier that cases may be commenced the better it is from the point of view of both patient and orthodontist.

The improvement in the methods now in operation for dealing with the construction of removable appliances is a progressive step saving surgery time which can be devoted to the children.

The continuation of the policy of holding short refresher courses within the Service would be most advantageous as it would give more dental officers the opportunity to widen their knowledge of orthodontic treatment."

Maternity and Child Welfare Services.

As is customary, in order to give the Committee a complete picture of the work carried out by the Dental Service, the returns of treatment, etc., for maternity and child welfare cases is appended and it will be noted, as mentioned earlier in the report, that there has been further increases in the numbers of expectant and nursing mothers attending at the clinics. Though the increase recorded for young children continues it is not as rapid as could be desired.

The tables below set out the analysis of the principal operations performed but, in addition, some 52 inlays have been placed in the teeth of expectant and nursing mothers in order to preserve them.

EXPECTANT AND NURSING MOTHERS.

Inspected.	Treated.	Attend- ances.	Fillings.	Extrac- tions.	General Anaesthetics.	Dentures.			Other Operations.
						Full.	Partial.	Repairs.	
*3,623	2,659	8,996	1,847	9,404	1,196	865	379	47	4,068

* These figures include treatment at Evening Sessions.

PRE-SCHOOL CHILDREN.

Inspected.	Treated.	Attendances.	Fillings.	Extractions.	General Anaesthetics.	Other Operations.
3,705	2,960	5,902	1,595	4,196	1,850	2,546

Summary.

In 1957 the following total returns were made of the principal work for all sections carried out at the dental clinics of the Authority.

Attendances.	Fillings.	Extractions.	X-rays.	(All) Appliances.	Crowns.	Inlays.	Other Operation.
146,136	58,603	105,383	1,486	3,492	40	67	39,353

Acknowledgments are once again made to all those who have contributed to the task of service to the mothers and children who avail themselves of the dental facilities offered by the Committee on behalf of the County Council in Lancashire.

[illegible]

SECTION OF POLYESTERS ATTENDING MAINTAINED IN

4. Periodic Medical Inspections

B—Other Inspections

Number of Special Inspections	...	...	...	...	...	39,545
Number of Re-inspections	...	...	...	...	...	35,759
						<hr/>
						75,304
						<hr/>
Number of Parents present	...	...	...	...	...	18,487

C.—Pupils Found to Require Treatment.

NUMBER OF *Individual Pupils* FOUND AT *Periodic* MEDICAL INSPECTION TO REQUIRE TREATMENT
(EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Group.	For Defective Vision (excluding squint).	For any of the other conditions recorded in Table 3.	Total (Individual pupils).
Entrants	302	3,094	3,274
Second Age Group	1,596	2,283	3,662
Leavers	1,142	1,294	2,319
TOTAL	3,040	6,671	9,255
Additional Periodic Inspections	139	218	332
GRAND TOTAL	3,179	6,889	9,587

*D.—CLASSIFICATION OF THE PHYSICAL CONDITION OF PUPILS INSPECTED IN THE
AGE GROUPS RECORDED IN TABLE 1A.*

Age-Groups.	Number of Pupils Inspected.	Satisfactory.		Unsatisfactory.	
		No.	%	No.	%
Entrants	29,379	28,824	98·11	555	1·89
Second Age-Group	28,901	27,868	96·42	1,033	3·58
Leavers	19,578	19,187	98·00	391	2·00
Additional Periodic Inspections	1,924	1,882	97·82	42	2·18
TOTAL	79,782	77,761	97·47	2,021	2·53

Table 2.

INFESTATION WITH VERMIN.

Total number of visits paid to schools by the school nurses ...	11,164
Average number of visits per school made during the year by the school nurses	8·6
Total number of examinations in the schools by the school nurses ...	578,409
Total number of individual pupils found to be infested	15,554
Number of cleansing notices issued	810
Number of cleansing orders issued	5

Table 3.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1957.

Periodic Inspections.

Special Inspections.

Number of Pupils examined 79,782 39,545

Disease or Defect.				Periodic Inspections.										Special Inspections.	
				Entrants.		2nd Age Group.		Leavers.		Additional Periodic.		Total.			
				T	O	T	O	T	O	T	O	T	O	T	O	T	O
Skin	...	...	...	265	535	331	454	302	296	25	22	923	1,307	3,112	181
Eyes—															
Vision	...	...	...	299	538	1,580	2,134	1,161	1,361	139	222	3,179	4,255	1,716	1,001
Squint	...	...	...	329	521	128	274	33	76	12	22	502	893	184	99
Other	...	...	...	92	110	76	106	39	54	7	9	214	279	844	135
Ears—															
Hearing	...	...	...	140	259	98	249	71	113	4	14	313	635	614	296
Otitis Media	...	...	...	64	274	54	181	27	75	5	11	150	541	241	60
Other	...	...	...	57	167	63	113	42	77	8	9	170	366	509	79
Nose and Throat	...	...	...	769	3,377	299	1,476	129	436	17	76	1,214	5,365	1,332	706
Speech	...	...	...	209	540	65	183	25	53	11	30	310	806	521	214
Lymphatic Glands...	...	...	...	57	1,664	23	784	10	204	2	35	92	2,687	129	266
Heart	...	...	...	30	518	15	398	7	260	7	27	59	1,203	48	176
Lungs	...	...	...	114	1,056	57	482	21	209	12	40	204	1,787	291	271
Developmental—															
Hernia	...	...	...	28	132	12	63	13	9	...	6	53	210	8	15
Other	...	...	...	36	487	84	343	18	109	5	37	143	976	100	78
Orthopaedic—															
Posture	...	...	...	65	232	120	432	48	225	7	42	240	931	62	73
Feet	...	...	...	365	792	384	698	262	331	46	106	1,057	1,927	520	294
Other	...	...	...	270	949	236	663	131	331	31	68	668	2,011	896	203
Nervous System—															
Epilepsy	...	...	...	5	41	11	32	11	21	6	9	33	103	30	40
Other	...	...	...	31	139	24	110	8	30	3	25	66	304	140	96
Psychological—															
Development	...	...	...	10	194	14	156	2	56	...	29	26	435	139	96
Stability	...	...	...	16	303	20	199	3	52	3	14	42	568	159	141
Abdomen	...	...	...	10	79	4	39	5	12	4	6	23	136	52	30
Other	...	...	...	282	608	229	563	193	233	23	43	732	1,447	5,548	1,130
Total				3,543	13,515	3,927	10,132	2,566	4,623	377	902	10,413	29,172	17,195	5,680

Group I.—Eye Diseases, Defective Vision and Squint.

Group II.—Diseases and Defects of Ear, Nose and Throat.

Total Number of Pupils in Schools who are known to have been provided with hearing aids—

Group III.—Orthopaedic and Postural Defects.

	By the Authority.	Otherwise.
Number of pupils known to have been treated at clinics or out-patient departments	4,079	477

Group IV.—Diseases of the Skin (excluding uncleanness).

	Number of cases treated or under treatment during the year by the Authority.								
Ringworm—									
(i.) Scalp...	5
(ii.) Body...	23
Scabies	87
Impetigo	1,231
Other skin diseases...	4,937
Total	<u>6,283</u>

Group V.—Child Guidance Treatment.

Number of pupils treated at Child Guidance Clinics, under arrangements made by the Authority	122
--	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

Group VI.—Speech Therapy.

Number of pupils treated by Speech Therapists, under arrangements made by the Authority	1,907
---	-----	-----	-----	-----	-----	-----	-----	-----	-----	-------

Group VII.—Other Treatment Given.

(a) Number of cases of miscellaneous minor ailments treated by the Authority...	...	20,292
(b) Pupils who received convalescent treatment under School Health arrangements	...	273
(c) Pupils who received B.C.G. vaccination	...	4,870
(d) Other than (a), (b) and (c) above	...	<u>3,965</u>
Total (a)—(d)	...	<u>29,400</u>

Table 5.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR
ENDED 31ST DECEMBER, 1957.

(1) Number of Pupils inspected by the Authority's Dental Officers :—

(a) Periodic Age Groups	Under	5	...	...	...	...	2,056
	Age	5	...	...	...	...	8,118
	Age	6	...	...	...	...	10,096
	Age	7	...	...	...	...	10,742
	Age	8	...	...	...	...	11,663
	Age	9	...	...	...	...	12,810
	Age	10	...	...	...	...	13,229
	Age	11	...	...	...	...	10,747
	Age	12	...	...	...	...	7,821
	Age	13	...	...	...	...	7,497
	Age	14	...	...	...	...	6,902
	Age	15	...	...	...	...	2,516
	Over	15	...	...	...	...	688
Total...							104,885
(b) Specials	...	...	...	...	...	...	31,226
(c) Total (Periodic and Specials)	...	...	...	...	...	...	136,111
(2) Number found to require treatment							91,797
(3) Number offered treatment							87,007
(4) Number actually treated							54,542
(5) Attendances made by pupils for treatment, including those recorded at heading 11 (h) overleaf							131,238
(6) Half-days devoted to	Inspection		...	...	...	...	957
	Treatment		...	...	...	...	18,422
Total (6)	...	...	...	...	...	...	19,379
(7) Fillings	Permanent teeth		...	...	...	...	49,601
	Temporary teeth		...	...	...	...	5,560
Total (7)	...	...	...	...	...	...	55,161
(8) Number of teeth filled	Permanent Teeth		...	...	...	...	44,087
	Temporary teeth		...	...	...	...	5,163
Total (8)	...	...	...	...	...	...	49,250

(9) Extractions	{ Permanent teeth	...	...	...	27,246	
		{ Temporary teeth	...	...	...	64,537
Total (9)
<hr/>						
(10) Administrations of general anaesthetics for extraction						35,519
(11) ORTHODONTICS.—						
(a) Cases commenced during the year						1,651
(b) Cases carried forward from previous year						1,329
(c) Cases completed during the year	...	...	...	...	1,022	
(d) Cases discontinued during the year	...	...	...	...	133	
(e) Pupils treated with appliances	...	...	...	...	1,011	
(f) Removable appliances fitted	...	...	...	...	1,327	
(g) Fixed appliances fitted	...	...	...	...	377	
(h) Total attendances	...	...	...	...	12,841*	
 (12) Number of Pupils supplied with artificial dentures						
					...	547
(13) Other operations	{ Permanent teeth	...	...	...	21,723	
		{ Temporary teeth	...	...	...	7,058
Total (13)...	...		...	...	...	28,781

* This figure includes 5,884 attendances at the specialist Orthodontic Clinics.

Table 6.—HANDICAPPED PUPILS REQUIRING EDUCATION AT

<i>In the calendar year ended 31st December, 1957—</i>										Blind.	Partially Sighted.
Handicapped Pupils—newly placed in Special Schools or Boarding Homes										9	11
Newly ascertained as requiring education at Special Schools										9	10
<i>On or about 31st January, 1958—</i>											
No. of Handicapped Pupils :—											
(i.) attending Special Schools as—											
(a) Day Pupils ... ..										...	26
(b) Boarding Pupils										66	33
(ii.) attending independent schools under arrangements made by the Authority ... ..										...	...
(iii.) boarded in Homes and not already included under (i.) or (ii.)... ..										...	...
Total										66	59
No. of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944—											
(i.) in hospitals ... ..										...	...
(ii.) in other groups (<i>e.g. units for spastics, convalescent homes</i>) ... ..										...	...
(iii.) at home										1	2
No. of Handicapped Pupils requiring places in Special Schools :—											
(i.) total—(a) Day ... ..										...	1
(b) Boarding										11	5
Included in above totals are—											
(ii.) children who had not reached the age of 5—											
(a) awaiting day places ... ..										...	...
(b) awaiting boarding places										9	...
(iii.) children who had reached the age of 5 but whose parents had refused consent to their admission to a special school—											
(a) awaiting day places ... ..										...	2
(b) awaiting boarding places										2	...

Number of Handicapped Pupils who were on the registers of hospital special schools on or about 31st January, 1958 102

SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES.

Deaf.	Partially Deaf.	Delicate.	Physically Handicapped.	Educationally Sub-normal.	Mal-adjusted.	Epileptic.	Total.
21	21	219	57	347	23	13	721
14	14	214	49	384	27	18	739
19	22	391	25	535	...	1	1,019
136	79	133	138	295	11	43	934
...	...	...	...	49	25	...	74
...	...	...	...	...	20	...	20
155	101	524	163	879	56	44	2,047
...	...	...	...	...	1	...	1
...
...	...	7	45	3	1	1	60
1	...	5	11	315	...	...	333
2	5	37	16	291	18	8	393
...	...	2	3	...	...	...	5
2	1	...	1	...	...	...	13
...	...	3	1	61	...	...	67
1	1	4	1	61	2	...	72

Number of children reported during the year under the Education Act, 1944—

(a) Section 57 (3), excluding any returned under (b) 124

(b) Section 57 (3) relying on Section 57 (4) 1

(c) Section 57 (5) 44

